City of Staunton

Special Placement / Assistance Application

This request is for:
Special Placement ☐
Special Assistance/Hindrance ☐

Account Number: _____ Customer ID: _____

Account Holder Name: _____

Address: _____

Name and email of individual requesting Special Placement / Assistance:

_____

_____

Reason for Special Placement Request:

_____

_____

Special Assistance/Hindrance Request ONLY

Physician's Certification:
I certify that the above-referenced Account Holder needs Special Assistance in the placement of their refuse container.

_____

_____

_____

If the need for special assistance is temporary, when is intended release date?

_____

Attending Physicians Signature: Date:

_____ _____

Customer's Signature: Date:

_____ _____

***Please provide a sketch of area desired for special placement.

Director of Public Works or their Designee will review & determine if a Special Placement is warranted.

The City will contact the customer through the provided email address with the City's determination.