



**City of Bryan
Solid Waste Department**

Roll-out Assistance Application

Applicant Information

Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

The City of Bryan's Roll-out Assistance Program is designed to provide service to residents who have disabilities that prevent them from being able to set their garbage container at the curb.

The requirements for this service are:

- Applicant's physician must complete and sign the Physician/Medical Provider Statement on this form ***before*** roll-out assistance begin.
- Applicant's household has no occupants physically capable of handling the garbage container as verified by a physician.
- If there are additional occupants over the age of ten (10) at the location, a similar physician's note will be required for each person.

Physician/Medical Provider Statement

Please select one of the following:

☐ Patient is temporarily disabled and is in need of Residential Disabled Service from ____/____/____ to ____/____/____.

☐ Patient is permanently disabled and is need of Residential Disabled Service.

Name of Physician/Medical Provider: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Please return the completed form to:

City of Bryan
Solid Waste Department
P.O. Box 1000
Bryan, TX 77805
O: (979) 209-5900
F: (800) 528-7659

DEPARTMENT USE ONLY

Date Received: _____

Approved: Yes No (Circle One)

Foreman Initials: _____

Route Number: _____

Route Day: _____

Route Driver: _____