

EXHIBIT 3
YORK TOWNSHIP RESIDENTIAL WASTE COLLECTION
MEDICAL PICK-UP SERVICE APPLICATION

York Township, when possible, provides a special Medical Pick-Up service to residents who are disabled or physically unable to place their solid waste and recycling at the designated point of collection. While York Township is able to provide this service in certain circumstances, we must limit its availability to those whose mobility is medically and physically impaired. One application is required for each person in the household.

To begin service, each household member should complete the "Resident's Certification for Medical Pick-Up Exemption" section of this form below. Each resident's physician should then complete the "Physician's Certification for Medical Pick-Up Exemption," confirming that the resident has a condition that prevents him/her from bringing his/her solid waste and recycling to the curbside pick-up location. Please be advised that, in order to cover the additional cost of the Medical Pick-Up service, an additional fee may be added to the household's monthly trash bill. These fees are subject to change without notice.

Please note, residents utilizing medical pick-up service shall be restricted to two bags of trash or one trash cart and one Recycling cart per week for the household. Trash bags or trash cart and Recycling cart must be placed at the front of the garage or front door of the home on the day of collection. Please note that, even with a certification, this service may not be available for certain addresses. Residents are responsible for keeping walkways and driveways clear in order to receive this service. Upon completion, please return this form to York Township Hall, 6609 Norwalk Road, Medina, Ohio 44256. You shall be provided with a phone call confirming your entry into the program.

RESIDENT'S CERTIFICATION FOR MEDICAL PICK-UP EXEMPTION
(To Be Completed by the Resident – All Fields Require an Answer)

Please Check: ___ I certify that I have no available relative, friend, or neighbor who is willing to perform these tasks on my behalf. I hereby request Residential Waste Collection Medical Pick-Up Service, I agree to pay such cost for the service, and I give consent to my physician to release information to York Township about my condition. This certification is made with the understanding that any false statement may constitute theft of services, a prosecutable offense.

Resident's Name: _____

Resident's Signature: _____ Today's Date: _____

Address: _____ York Township, Ohio 44256

Number of Persons Living in Household (Answer Required): _____

Certification of disability is required for all persons 12 years of age or older living in the household.

Phone Number: _____

York Township
Medina County, Ohio

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PHYSICIAN'S CERTIFICATION FOR MEDICAL PICK-UP EXEMPTION
(To Be Completed by Resident's Physician – All Fields Require an Answer)

Documentation is required to verify the need of each resident who requests exemption services. Please fill out this section on behalf of your patient who is currently requesting these services. This certification is made with the understanding that any false statement may constitute theft of services, a prosecutable offense. Your cooperation in this matter is greatly appreciated.

I hereby certify that _____ is under my care, and is physically unable to place his/her Solid Waste at the designated point of collection in the manner required. I hereby request that York Township's Residential Waste Collection program perform a special medical pick-up for my patient.

Physician's Name: _____

Practice Name / Affiliation: _____

Physician's Signature: _____

Today's Date: _____

Office Address (Street, State, Zip): _____

Phone Number: _____

York Township
Medina County, Ohio

**2019 York Township Bid for Solid Waste and Recyclable Materials Services
Mandatory Pre-Bid Meeting and Written Questions Received
Questions and Answers
Addendum #1 – August 22, 2019**

**EXHIBIT 4 (Revised – Addendum #1)
AFFIDAVIT TO OPT OUT FOR SOLID WASTE SERVICES
PROVIDED BY THE TOWNSHIP OF YORK**

To opt out of solid waste services provided by York Township, I hereby file this affidavit stating such. In order to continue, affidavits must be submitted annually, no later than January 31st of each year.

You may deliver, in person or by mail, your original affidavit, to the following address. Our office will review this form and approval will be determined on a case-by-case basis.

York Township Hall
C/o Todd Zieja, Trustee
6609 Norwalk Road
Medina, Ohio 44256

Customer: _____

Property Address: _____

Reason for Opting Out:

- I receive commercial solid waste service on my property for my business.
- I own my own business, or have the permission of the business owner, as evidenced by the owner's signature below, and will be using the commercial solid waste service at that location.
- I will be utilizing the solid waste services provided by the Medina County Solid Waste District.

By signing my name below, I agree that I am not utilizing York Township's solid waste services, including recycling services, and have other means of disposing such solid waste. I am prohibited from utilizing another residential solid waste collection service at my residence. If, at any time, if there is cause to believe that solid waste is not being disposed of in accordance with this affidavit, York Township will notify me in writing of such and solid waste services shall be imposed on me.

Customer Signature _____
Date

Business Owner's Signature (If Applicable) _____
Date

FOR OFFICE USE ONLY			
	Received By	Approved	Approved By
		Yes No	
Comments:			