

Office: 10 Tramway Loop NE Albuquerque NM 87122

Mailing: 20 Tramway Road NE Albuquerque NM 87122

● Phone: (505) 856-6419 ● Email: [customerservice@sandiapeak.com](mailto:customerservice@sandiapeak.com) ● Secure Fax: (505) 857-8968

If you are a customer of Sandia Heights Sanitation Department, who is elderly or disabled and unable to place your trash bins at the curb for collection, and you certify that no person(s) in the household/residence are capable of rolling the trash bin to the curb, you may request that your trash collection driver retrieve the cart from your driveway, roll it out for service and then place it back in its original location. Please ask your medical care provider to fill out, sign and date this form. Please include your name and the service address where your trash is collected.

CUSTOMER NAME (please print): \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Where will your bin(s) be placed? \_\_\_\_\_

I attest all residing in the household are physically unable to roll the trash bin(s) to the curbside for collection.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\*\*\*\*\* **THIS SECTION TO BE FILLED OUT BY DOCTOR OR MEDICAL PROVIDERS ONLY** \*\*\*\*\*

Form must be completed by a Chiropractor (DC), Naturopath (ND), Physician or Surgeon (MD or DO), Podiatrist (DPM) or an Advanced Registered Nurse Practitioner (ARNP). Does not include persons licensed in the professions of dentistry and optometry.

Please check one of the following:

Patient needs assistance with garbage all of the time.

Patient needs assistance with garbage temporarily due to illness or injury.  
Discontinue after \_\_\_\_\_ (date).

• Other Comments: \_\_\_\_\_

• Name of Healthcare Provider  
or Medical Establishment: \_\_\_\_\_

• Address: \_\_\_\_\_ • Phone Number: \_\_\_\_\_

I certify that this patient needs assistance from Sandia Heights Services Sanitation Department in getting their garbage out for collection.

\_\_\_\_\_  
Printed Name of Healthcare Doctor or Medical Provider

\_\_\_\_\_  
Signature of Healthcare Doctor or Medical Provider

RETURN YOUR COMPLETED FORM TO:

● Mailing: 20 Tramway Road NE Albuquerque NM 87122 ● Email: [customerservice@sandiapeak.com](mailto:customerservice@sandiapeak.com) ● Secure Fax: (505) 857-8968