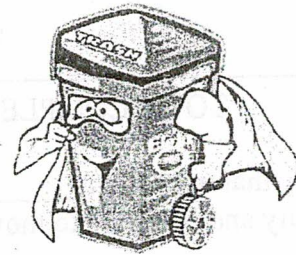


Hawthorne Utilities
395 "E" Street
P.O. Box 1448
Hawthorne, NV 89415
Phone (775) 945-2486



APPLICATION FOR SERVICE LEVEL CHANGE

SET OUT/SET BACK SERVICE

Set Out/Set Back Service in which collection crews will enter my private property to move a solid waste collection cart to the curb for collection and return it to the property.

I, _____ as occupier of the property located at

Address: _____
(Street Number) (Street Name)

Hereby apply for this service and agree to the following conditions:

- The occupier of this property has a permanent physical disability that prevent him/her from moving the cart to and from the collection point and does not have an able-bodied person to help them with this activity;
- The occupier must provide written proof of permanent physical disability, or have your doctor sign the verification of disability section;
- The cart shall be freely accessible and not to be placed inside closed buildings or a gated area;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- Mineral County and Hawthorne Utilities is not responsible for any damage to private property resulting from the executing of this service.

Applicant's Information: _____ New Application _____ Renewal

What is the nature of the disability? _____

Number of persons living in household: _____

I certify that the information I have provided is true and accurate.

(Signature)

(Phone Number)

(Date)

HAWTHORNE UTILITIES
VERIFICATION OF DISABILITY

TO BE COMPLETED BY AN AUTHORIZED MEDICAL DOCTOR

I certify that my patient _____ has a permanent physical disability and is unable to move a solid waste collection cart to and from the collection point.

Signature _____ Date: _____

Doctors Name: _____

Address: _____

Telephone: _____

Please note that your doctor may charge for this service, and that you are responsible for paying any costs involved in getting this information.

OFFICE USE ONLY

_____ Your application is approved or _____ Your application is denied

_____ Verification of Disability Form Received

The occupier will assist with any special designations as may be required to alert the crews that this type of collection service is required; and comply with the following:

Date Received _____ Date Approved: _____

Utility Director Signature _____