



Lexington-Fayette Urban County Government
DEPARTMENT OF ENVIRONMENTAL QUALITY AND PUBLIC WORKS

Jim Gray
Mayor

Dowell Hoskins-Squier
Commissioner

Dear CITIZEN:

Enclosed is an exemption request form. This form is being sent in response to your request for exemption for the green trash container and/or blue recycling container. Please complete the attached form and return it to:

Division of Waste Management
Attn: Front Desk
675 Byrd Thurman Drive
Lexington, KY 40510

Eligibility Requirements

If you have a physical or medical limitation that prevents you from rolling the cart, **AND** no one lives with you that are **able** to roll out the cart, you **may** be eligible for an exemption. An exempted service is only for the collection of your household garbage/trash or recycling that will fit in your green trash or blue recycling container **OR** in a thirty (30) gallon **"marked"** personal container. All excess yard waste, trash and bulky items must be placed at the curb for collection. If you participate in exempt services, the following guidelines apply below.

Preparation of Garbage

Please store garbage (preferably using plastic bags) in a thirty (30) gallon **"marked"** personal container with tightly fitting lids or in your refuse cart. Defective personal containers with holes or ragged edges that hamper or injure collectors will be taken with refuse.

Preparation of Recycling

Please store recycling in a thirty (30) gallon **"marked"** personal container with tightly fitting lids or in your recycling cart. Defective personal containers with holes or ragged edges that hamper or injure collectors will be taken with refuse.

Collection of Garbage/Recycling

Garbage/Recycling will be collected once per week in back yard/side of the house areas. Containers should be out by 5:00 A.M. the morning of your collection. Containers should be visible to the collector once they enter the backyard/side of house. Containers **shall not** be kept upon the street, sidewalk or front yard. Containers that are in enclosed areas (i.e., open porches, garages, carports, etc.) **will not** be collected. The resident is responsible for clearing a path to the containers or putting the containers at the curb during heavy snowfalls. Garbage/Recycling **may not** be collected if a clear path, free of ice and snow, is not provided. Numerous refuse collectors are injured by falls during snow periods. Garbage/Recycling **will not** be collected where dogs pose a threat to the collectors.

When the **Division of Waste Management** receives a completed form, you will be placed on an exemption list. Please follow the procedures set forth in the information letter that was mailed to you. If you have misplaced the information letter, we will send you another letter upon request. To be placed on the exemption list, the **Division of Waste Management** must receive the exemption form as soon as possible. Please make sure your physician completes and signs the "Exempt Request Form".

**** Please note: Any excess amounts of trash, television, microwave, furniture, limbs and leaves are to be properly bundled or secured and placed at the curb the same day of collection. Cardboard boxes cannot be used as containers. They must be broken down, bundled and placed on the curb for collection. Brush and tree branches must be securely tied in bundles of four (4) foot lengths, weighing less than 60 pounds.**

Appliance Collections

Appliances generated from residential units such as washing machines, dryers, stoves, refrigerators, air conditioners, and freezers will be collected free of charge by calling the Division of Waste Management. Calls must be made prior to placing the item at the curb. There is a maximum of one (1) pick up per week.

Please notify the Division of Waste Management if you move from your current residence to another location and the exemption status will be transferred to your new location. If at any time your condition improves or someone moves into your residence that is able to roll the container(s) to the curb, you must notify the Division of Waste Management at (859)425-2255.

Thank you for your cooperation.

Sincerely,

Tracey Thurman
Director

TT/vt-ak
Enclosure



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EXEMPT REQUEST FORM

RESIDENT INFORMATION

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE LIVING AT RESIDENCE: _____

PHONE: _____ AGE: _____

- ☐ I HAVE A GREEN TRASH CART
☐ I HAVE A BLUE RECYCLING CART

Please give brief description of placement of containers (i.e. by garage, side of house): _____

**PHYSICIAN INFORMATION – [PLEASE PRINT INFORMATION]
PLEASE COMPLETE INFORMATION BELOW:**

I, _____ (NAME OF PHYSICIAN)

certify that _____, (PATIENT'S NAME) will not be
able to PLACE the trash and/or recycling container at the curb for collection.

Please check one of the following:

Temporary Exemption ☐ If temporary enter expiration date: _____
Permanent Exemption ☐

PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S PHONE NUMBER: _____ **DATE:** _____

**Once this form is completed, please return to:
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