

***Lexington- Fayette Urban County Government
Department of Environmental Quality
Division of Waste Management
675 Byrd Thurman Dr.
Lexington, Kentucky 40510***



Dear CITIZEN:

Enclosed is an exemption request form. This form is being sent in response to your request for exemption for the "**Herbie The Curbie**" refuse collection system. Please complete the attached form and return it to:

**Division of Waste Management
Attn: Valerie Thomas
675 Byrd Thurman Drive
Lexington, KY 40510**

Eligibility Requirements

If you have a physical or medical limitation that prevents you from rolling the cart, you are eligible for an exemption. An exempted service only is for the collection of your household garbage or trash that will fit in your herbie or thirty (30) gallon garbage 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 thirty (30) gallon containers with tightly fitting lids or in your herbie. Defective containers with holes or ragged edges that hamper or injure collectors will be taken with refuse.

Collection of Garbage

Garbage will be collected once per week in back yard areas. Containers should be out by 5:00 A.M. the morning of your collection. Containers should be visible to the collector once he enters the backyard. 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 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 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 Herbie information letter that was mailed to you. If you have misplaced the herbie 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 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 for collection on your second collection day. 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 herbie to the curb, you must notify the Division of Waste Management.

Thank you for your cooperation.

Sincerely,

Steve Feese
Director

SF/vt
Enclosure

*Lexington-Fayette Urban County Government
Division of Waste Management
675 Byrd Thurman Drive
Lexington, KY 40510
Phone: (859) 425-2255 Fax: (859) 254-0171*

EXEMPT REQUEST FORM

RESIDENT'S INFORMATION

NAME: _____

ADDRESS: _____

NUMBER OF PEOPLE LIVING AT RESIDENCE: _____ **PHONE:** _____

AGE: _____ **SOCIAL SECURITY #:** _____ (optional)

PLEASE PRINT INFORMATION

PHYSICIAN INFORMATION

PLEASE COMPLETE INFORMATION BELOW:

I, _____ **(NAME OF PHYSICIAN)**

Certify that _____, **(PATIENT'S NAME)** **will not be**
able to PLACE the Herbie and/or Rosie 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: _____