

Orange County Solid Waste Management (OCSWM)
Residential Curbside Special Collection Guidance Policy
Effective January 1, 2015 (revisions: 11-14-2017, 9-20-2018, 3-3-2021)

Special recycling collection service can be provided to residents on a current curbside collection route who are disabled or physically unable to place their recycling receptacle at the designated point of collection.

Residents occasionally inform the OCSWM Department that they are physically unable to lift, carry or push a recycling container to the curb. In addition, they do not have any available relative, roommate, friend or neighbor who can perform this task for them.

While OCSWM Department is pleased to offer and provide this special service, we must limit its availability to those whose mobility is medically or physically impaired. There is no fee or other charge for this special recycling collection service. Temporary disability or other non-permanent handicap requests can be provided.

If your request is approved you agree to the following terms:

- To allow OCSWM Department collection staff to walk onto your property to access the recycling receptacle, take it to the truck to empty, and then return the receptacle to its regular location.
- To ensure that the recycling receptacle is easily accessible.
- To ensure that the recycling container not have any major obstacles around it.
- To ensure that the container can be easily transported over even ground (not on a porch or a ledge)
- To ensure that pets are contained behind a locked fence or that the pets are kept indoors.

The information provided will remain confidential and may be periodically renewed or verified by solid waste staff.

The following procedure is to be followed with regard to requesting, approving and servicing a special collection service based on age or medical disability.

The procedure for this service is as follows:

- Citizen requests a special service form, either by telephone, email or other means.
- Citizen thoroughly completes and signs the form.
- Citizen submits the signed form:
 - By mail to: Orange County Solid Waste Management Department
1207 Eubanks Rd.
Chapel Hill, NC 27516
Attention: Special Service Request
 - By fax to: 919-932-2900
 - By email to: recycling@orangecountync.gov
 - In person at: 1207 Eubanks Rd, Chapel Hill, NC 27516
- An OCSWM Department representative will contact the applicant by phone to schedule a time to speak with the applicant in person and discuss the special service collection procedure, such as, where the receptacle will be located and what day the special collection will begin.
- A statement from a medical care provider may be required if questions regarding a resident's suitability for special collection service arise.
- The resident should notify OCSWM Department should the conditions that permitted qualification for the special service noted in the application form change.
- The OCSWM Department may require periodic verification that the resident still requires the special recycling collection service and that conditions noted in the application form have not changed.

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Recycling Division Special Service Form

(To be completed and signed by the resident or representative)

Applicant Name: _____

Name of Representative (if applicable): _____

Address: _____

Phone Number: _____ Best Time of Day to Call: _____

Applicant Age: _____ Number of Persons Living in Household: _____

Ages of Additional Person(s) Living in Household: _____

Who routinely places your recyclables out for collection now? _____

Do you have a Handicapped Parking Tag?

Yes _____ No _____ Serial # on Tag: _____ Tag Expiration Date: _____

Reason for Requesting Special Collection Service:

Accurately describe where you will place your receptacle to be collected:

Do you have pets?

Yes _____ No _____ Kind of Pet: _____ How are pets controlled: _____

I agree to the terms outlined on the reverse of this form and certify that the information submitted is true and correct:

Signature: _____

Date: _____

For Recycling Division Use Only

Date Received in SWMD Office: _____

Solid Waste Representative: _____ Date: _____

APPROVED: _____ OR DENIED: _____

Cart #: _____ OR Bin(s): _____

If denied Reason for DENIAL: _____