



Transportation & Environmental Services
Resource Recovery Division
(703) 746-4410

Walk-Out Service Request Form

Customer Information

Customer Name: _____

Service Address: _____

Customer Phone Number: _____

Requestor/Secondary Contact Name: _____

Requestor/Secondary Contact Phone Number: _____

Walk Out Request Information

Reason for Walk-Out: _____

Number of Residents at Service Address: _____

Location of Containers:

- Trash: _____
- Recycling: _____

Permanent or Temporary Service Requested: _____

Requested Service Begin Date: _____ If applicable, Service End Date: _____

I understand, if this application for walk-out collection service is approved by the City of Alexandria, I hereby grant the City of Alexandria, its employees and contractors authority to enter on to my property for the purpose of collecting solid waste and recycling and hereby waive any and all claims I may have against them for any damage caused by such access, except to the extent any such damage was caused by an intentional act or gross negligence.

Print Name: _____

Signature

Date

over, please>

Office Use Only:

Date Reviewed: _____

Solid Waste Collection Day/Route: _____

Staff Approval: _____

Staff Signature: _____

This section to be filled out by Doctor or Medical Provider only.

Please check one of the following:

- Patient needs assistance with refuse collection permanently.
- Patient needs assistance with refuse collection temporarily due to illness or injury.
Discontinue after _____ (date).

Other Comments:

Name of Healthcare Provider or Medical Establishment:

Phone Number: _____ Address: _____

I certify that this patient needs assistance in getting their refuse collection out for collection by the City of Alexandria.

Sign Name: _____ Title: _____

Print Name: _____ Date: _____

RETURN YOUR COMPLETED FORM:

By Mail: Refuse Collection
City of Alexandria
2900-B Business Center Drive
Alexandria, VA 22314

By Fax: 703-751-2569 Attention: Walk-out Services

Office Use Only:

Date Reviewed: _____

Solid Waste Collection Day/Route: _____

Staff Approval: _____

Staff Signature: _____