



**City Of Watertown**  
**Department of Public Works**  
**Curbside Pickup Dispensation Form**

Please have your physician complete the following form and mail or FAX

Department of Public Works  
245 Washington Street  
Watertown NY 13601  
Fax (315) 782-0293

This is to certify that the following individual has condition(s) which inhibits his/her abilities to place materials curbside for pickup:

City Resident's Name: \_\_\_\_\_

City Resident's Address: \_\_\_\_\_

Brief Description  
of condition/ailment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Doctor's signature)

\_\_\_\_\_  
(Date)