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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)