



**RAMSEY TOWN COMMISSIONERS
TECHNICAL DEPARTMENT
ASSISTED REFUSE COLLECTION FORM**

Application for consideration as a "Special Case" for assistance with refuse bin collection.

Name	
-------------	--

Address	
----------------	--

Telephone No.		Date of Birth	
----------------------	--	----------------------	--

Marital Status		Sex	Male / Female
-----------------------	--	------------	----------------------

Do you occupy the premises by yourself	YES / NO
---	-----------------

If no, please provide details of the other persons normally resident in the premises	1. 2. 3. 4.
---	----------------------

Are these other occupants able to place the wheeled bin at the kerbside for collection?	YES / NO
--	-----------------

If, not, please give some indication as to the nature of their disability	
--	--

Are you in good health?	YES / NO
--------------------------------	-----------------

If not, please give some indication as to the nature of the disability	
---	--

<p>Do you have a doctors certificate?</p> <p>If yes, please attach a copy to this Special Needs Form</p>	<p>YES / NO</p>
--	------------------------

<p>Other Reasons</p>
<p>Please list below any other reasons or comments you feel would be helpful in assisting the Ramsey Town Commissioners to reach a decision on your application</p>

Signed: Dated:

<p>Please return this form to:-</p> <p style="text-align: center;">Ramsey Town Commissioners, Town Hall, Parliament Square, Ramsey, Isle of Man IM8 1RT.</p> <p>If you have any queries regarding this form, please contact the Technical Department on (01624) 810100.</p>
--

<p>This application will be considered in confidence. You will be informed, in writing, of the decision in due course.</p>

Office Use Only	
Authorised	
Date	