



**CITY OF CLINTON
DEPARTMENT OF PUBLIC WORKS
STREET AND SANITATION DIVISION
1219 GARY STREET
CLINTON, SC 29325**

DOCTOR'S STATEMENT
CITY OF CLINTON GARBAGE PICK-UP EXCEPTION SERVICE

To: **Clinton Department of Public Works**
Attn: Exception Service List
1219 Gary Street (in person)
P.O. Box 507 (by mail)
Clinton, SC 29325

From: Dr. _____ (please print)

Address: _____

Phone: _____

Date: _____/_____/_____

I am the primary physician for the patient listed below. By signing this form I am stating that the patient listed is not physically able to place their household garbage at the curb each week. Please allow exception service at their residence.

Name of Patient: _____

Service address: _____

Patient Phone #: _____

Physician Signature: _____

If you have any questions, please contact the Department of Public Works at 833-7520 or the Street and Sanitation Supervisor, Tim Rogers at 833-7522.