**City of Flagstaff**
211 W. Aspen Ave
(928)-213-2100
www.flagstaffaz.gov

# DISABILITY APPLICATION for SNOW BERM RELOCATION

| Applicant Name (disabled person) | Phone ( ) | Date of Birth |
|---|---|---|
| Applicant Address | | |

**Physically Disabled –** Medical Certification must be completed by an authorized physician (doctor of medicine, osteopathy, podiatry or chiropractic, licensed to practice medicine in the United States), a registered nurse practitioner or by a hospital administrator. Applicant must have one or more of the following conditions.

- Unable to walk 200 feet without stopping to rest
- Unable to walk without help from another person or a brace, cane, crutch, wheelchair or other prosthetic or assistive device
- Lung disease with forced respiratory, expiratory volume for one second, if measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest.
- Uses portable oxygen
- Cardiac condition with Class 3 or 4 functional limitations as by American Heart Association standards
- Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition

## Medical Certification

| Health Professional Name * | Phone ( ) | Fax ( ) | |
|---|---|---|---|
| Hospital Name (if signed by Administrator) | | | |
| Mailing Address | City | State | Zip |

I certify that the applicant has one or more of the conditions listed above and for that reason is:

☐ **Permanently** Physically Disabled ☐ **Temporarily** Physically Disabled (must be recertified after 6 months)

| Health Professional Signature (stamp not accepted) * | Medical License or Certification Number | Date |
|---|---|---|

* Must be authorized physician (see above), registered nurse practitioner or hospital administrator. **Stamp Not Accepted**

## Applicant

I have read this form and agree to comply with all the requirements for the Snow Berm Relocation Service.

| Applicant Name | Applicant Signature | Date |
|---|---|---|

**Requirements and Additional Information**

- Service is issued to the applicant and may not be transferred to another person or household. You must notify the Public Works Division when service is no longer needed at the address on file (i.e. recovery, moving, etc.)
- If the applicant is not capable of signing, a copy of a power of attorney form is required before the application can be accepted.
- Service must be applied for on an annual basis and is only provided for as long as the Medical Certification remains valid.
- Permanent Disability is valid for three (3) years (provided the Medical Certification remains valid). At the end of the three (3) years a new application is required.
- Temporary Disability is valid for six (6) months (provided the Medical Certification remains valid). At the end of the six (6) months, if the medical condition continues, a new application is required.
- This service is only provided to the applicants' primary occupied residence and does not include the applicant's vacant or rental properties.

For more information, **forms**, or office hours please call: 928-213-2100

---

**City Use** Ref # Issued_____ City Agent_____ Issue Date_____ Exp. Date_____