



**BILLINGS PUBLIC WORKS**

**Solid Waste Collection**  
4848 Midland Road  
Billings, MT 59101  
Telephone: (406) 657-8260  
Fax: (406) 237-6138  
Email: hodsonm@billingsmt.gov  
Website: billingsmtpublicworks.gov

**CARRY OUT SERVICE - MEDICAL NECESSITY FORM**

If you are elderly or disabled, you may qualify for assistance moving your solid waste carts to and from your collection area as provided for in the Billings Montana City Code (BMCC). Please have this form completed by a Health Care Professional and return to the Solid Waste Collection Division. The form may be faxed, emailed, or mailed to the appropriate number or address listed above. Thank you.

**BMCC Sec. 21-239 Residential lots involving off-street collection**

For each residential property where the collection is made from beyond the curb, sidewalk or alley area in which a documented medical necessity is obtained from the resident, the monthly charge shall be equal to the monthly residential service rate established under this division.



Patient Address: \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

***Due to medical necessity, I certify that this patient needs assistance in getting their garbage out for collection by the City of Billings Solid Waste Collection Division.***

\_\_\_\_\_  
(Signature & Title) (Date)

Name of Healthcare Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Cart Location: \_\_\_\_\_

Solid Waste approval date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Billing notification date: \_\_\_\_\_

Entered billing: \_\_\_\_\_