

MEDICAL EXEMPTION RATE REDUCTION ASSISTANCE (MERRA) APPLICATION

SECTION 1 APPLICANT INFORMATION		CITY USE ONLY	
Name	Address or Name Change	Account Number	
		Denied by	Approved by
		Date	Date
Daytime Telephone Number ()	Care Provider Telephone Number ()	Cancel by	
Name of Condominium or Townhome Complex	Name of Mobile Home Park (include address & space #)	Date	

SECTION 2 CART INFORMATION	MERRA RATES ONLY APPLY TO CARTS 64 GALLONS AND LARGER.			
Select Cart Size: Mark appropriate box for cart selection Note: Owner authorization required for larger size cart, and must initial below. I _____, authorize changes to be made on my utility bill statement- Account Number Please initial _____	Cart Size- check one	Cart Size	Regular Rate	Reduced Rate
	<input type="checkbox"/>	64 gallon	\$55.00	\$27.50
	<input type="checkbox"/>	96 gallon	\$82.50	\$55.00
	<input type="checkbox"/>	128 gallon	\$110.00	\$82.50
	<input type="checkbox"/>	160 gallon	\$137.50	\$110.00
	<input type="checkbox"/>	192 gallon	\$165.00	\$137.50
	<input type="checkbox"/>	224 gallon	\$192.50	\$165.00

1	←Check here I certify that the information on this application is true and correct. I understand that the medical release will be used to verify my current medical status and will remain valid for three years. <i>MERRA is for the applicant only and is not transferable to new residents.</i>	2	Applicant's Signature _____ Date _____
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SECTION 3 DOCTOR'S CERTIFICATION	
I, the undersigned, hereby certify that I am a licensed medical doctor authorized to practice medicine in the State of California.	
I further certify _____ is my patient and he or she has an ongoing medical condition which results in the generation of a significant amount of medical waste.	
Print Name	Business Address & Phone Number
Doctor's Signature _____ Date _____	License Number _____