

*City of Cambridge*

**Exemption from 6:00 p.m. Regulation for  
Placing Trash and Recycling on the Curb**



**POLICY AND PROCEDURE**

City Ordinance 8.24.090 (*as amended by City Ordinance 1293 in December 2005*) requires that "rubbish receptacles shall be placed on the sidewalk **no earlier than 6:00 p.m.** of the day immediately prior to the day of collection as designated by the Commissioner of Public Works." Trash placed at the curbside the day before collection must be in rodent-resistant barrels with tight fitting lids.

There is an EXEMPTION to this 6:00 p.m. regulation that is available to households where all the residents over age twelve have disabilities that prevent them from placing trash barrels and recycling bins at the curbside. **This exemption allows for the trash and recycling bins to be placed at the curbside by someone else before 6:00 p.m. on the day before regular curbside collection.**

If trash barrels cannot be placed at the curb on the day before regular trash pickup, the resident may place trash in heavy duty plastic bags at the curb by **7:00 a.m. the day of collection**, but not the night before. Receptacles must be removed from the curb and brought back onto your property by 6:00 p.m. of the day your trash is picked up. If trash cannot be placed at the curb in one of these two ways, it must not be taken out until the following week.

There are no income restrictions for this exemption, but the head of the household must depend on some outside person (a friend, neighbor, relative or homemaker) to place the trash barrels at the curbside. Occasionally, additional information, including medical verification of disability, may be required to process the request. The applicant's eligibility is subject to periodic review.

Once this application is submitted, it may take up to ten business days to be processed by the Commission for Persons with Disabilities and the Department of Public Works. For additional information or to obtain an Application Form, contact the Commission for Persons with Disabilities at 617-349-4692 (voice) or 617-492-0235 (TTY) or by e-mail at [ccpd@cambridgema.gov](mailto:ccpd@cambridgema.gov).

Send completed form to: **Cambridge Commission for Persons with Disabilities  
51 Inman Street, second floor  
Cambridge, MA 02139**

The City of Cambridge, Department of Public Works, does not discriminate on the basis of disability. The Department of Public Works will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to qualified applicants and program participants with disabilities upon request. For more information, contact the Department of Public Works, 147 Hampshire Street, Cambridge, MA, 02139, or call 617-349-4800 (Voice) or 617-349-4805 (TTY).

**Application for Exemption from 6:00 p.m. Regulation  
for placing Trash Barrels and Recycling Bins at Curbside**



Your Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone: \_\_\_\_\_ Disability \_\_\_\_\_

Regular rubbish collection day – *circle one*: MON • TUE • WED • THUR • FRI

List the names, date of birth and disability for all others living in your household:

Name	Date of Birth	Disability
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain how your disability and the disabilities of your household members prevent you from placing the **trash barrels and recycling bins** at the curb at the appropriate time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe the circumstances that make it impossible for neighbors, relatives, friends, caretakers or others to place your trash barrels and recycling bins at the curb **after 6:00 p.m. on the day before your scheduled curbside collection**:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained in this Application is correct. I understand that, once this Application is submitted, it may take up to **ten business days** to be processed by the Commission for Persons with Disabilities and the Department of Public Works. I understand that my eligibility is subject to periodic review, and that I may be asked to provide medical verification of my disability.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application to:

**Cambridge Commission for Persons with Disabilities  
51 Inman Street, 2nd floor  
Cambridge, MA 02139**

PLEASE DO NOT WRITE BELOW THIS LINE

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_