CITY OF GRIFFIN - SOLID WASTE DIVISION

P. O. BOX T

GRIFFIN, GEORGIA 30224

770-229-6421 (Office) * 770-229-6627 (Fax)

APPLICATION FOR BACKDOOR PICKUP

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE #: _____ FAX: _____

I hereby certify that I am unable to push the garbage and recycling containers to the curb for collection due to a physical impairment. I will be responsible and required to have household garbage and recycling items placed inside of secured tied, plastic bags for collection on the scheduled day of pickup. Location shall be visible and completely accessible by City collection crewmembers.

PLEASE CHECK ONE OF THE FOLLOWING:

Total Number In Household: _____

___ I certify that I live alone and do not have anyone to assist in placing the cart(s) out.

___ I certify that there are other person(s) living in my household and that each person is disabled.

PHYSCIAN COMPLETE:

I hereby certify that the above named individual (s) is/are disabled and is physically unable to push the garbage and recycling carts to the street for collection. Please check one of the following:

___ Permanently Disabled ___ Temporarily Disabled Until_____

Please give a brief description of the Disability: _____

Telephone # _____ Address _____

Physician Signature: _____ Date: _____

"For Office Use Only"

Date Received In Office: _____ By Whom: _____

Supervisors Signature: _____ Date: _____

Approved: ____ Disapproved: ____ Comments: _____

*****THANK YOU*****