



APPLICATION FOR BACKDOOR PICK-UP
(SIGNATURE REQUIRED FOR RE-CERTIFICATION)

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Emergency Contact _____ **Phone:** _____

RELATIONSHIP TO ABOVE: _____

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:

_____ I certify that I live alone and do not have anyone assist in placing the carts out.

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

Total number in household _____ **Customer Signature** _____

PHYSICIAN 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 on of the following:

_____ Permanently Disabled _____ Temporarily Disabled Until _____

Please give a brief description of the disability: _____

Phone: _____ Address: _____

Physician Signature _____ Date: _____

****FOR OFFICE USER ONLY****

Date received in Office: _____ By Whom: _____

Supervisor Signature _____ Date: _____

Customer Account # _____