

Resident's Request for Service Form (Please Print:)

Name: _____

Address: _____

Contact Number: _____

Please read the following statements carefully and check each that apply to you.

_____ I request back door solid waste collection because I am unable to bring my refuse container to the curb, and **there is no able-bodied person residing with me who can move the cart container.**

My reason for needing back door service is (check one):

Permanently Disabled:

_____ I have a permanent physical disability.

_____ I understand I am required to complete a new request and provide a physician's statement annually.

Temporarily Disabled:

_____ I have a temporary disability and will need back door service until _____ (please provide ending date for back door service).

_____ I understand after my ending date back door service will be no longer be provided at my residence.

By signing this request form, you understand that the aid provided is for solid waste collection services only-yard waste collection is not included in this service. Also, that this service can be revoked at any time by the Public Works Department.

Signature: _____ Date: _____