

# Application for Garbage Collection for Disabled Person(s)

Public Works Department – Sanitation Division / Backdoor Collections • 3720 Leroy Scott Drive • Decatur, GA 30032

## Applicant Information

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Residential address \_\_\_\_\_  Rent  Own

Garbage roll cart location  Next to garage/carport  Side of house  Other \_\_\_\_\_

## Verification of special need and household occupancy – to be completed by applicant

I hereby apply for exemption from the part of DeKalb County Sanitation Ordinance requiring garbage receptacles are placed at the curb for collection; and in support of this application, I submit the following affidavit:

I, the undersigned claimant, do solemnly swear that I am a full-time resident at the address indicated above, am disabled to the extent that I am incapable of moving my refuse to the curb, and that no able-bodied individual resides at the address above.

I understand that the application for this service must be submitted on a yearly basis, or my name and address will be removed from the schedule.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Notary

Signature: \_\_\_\_\_ 20 \_\_\_\_\_

## Disability statement – to be completed by a licensed physician

I, a licensed physician, hereby certify that \_\_\_\_\_ is currently a "special needs resident" as described below, and unable to move his/her garbage or single-stream recycling container(s) to the curb.

Briefly describe the functional limitation(s) that preclude(s) placement of the container(s) at the curb:

I further certify that such special need is of a:

- Temporary nature (length of disability is from \_\_\_\_\_ to \_\_\_\_\_)
- Permanent nature

Name of physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Professional license number \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_