



## Non-Curbside Collection (Backdoor Service) Application

PUBLIC WORKS DEPARTMENT

**Steps to complete this application:**

1. Please complete the first two sections.
2. Have your doctor complete the Disability Statement Section.
3. Document Return Options: 1) Return to City Hall; 2) Mail to City Hall; 3) Take a photo or scan and email to [sanitation@cityofsouthfultonga.gov](mailto:sanitation@cityofsouthfultonga.gov)

### Section to be completed by Applicant.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Residential Address: \_\_\_\_\_

### Applicant's Verification of Disability & Household Occupancy To be completed by Applicant

I, the undersigned applicant, certify that I am unable to carry my residential garbage to the curb. I also certify that there is no one in my household or employ that is able to carry my garbage to the curb. I authorize my physician or optometrist to acknowledge my disability in order to validate backdoor service.

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

### Disability Statement

#### To be completed by a Licensed Physician (or Optometrist if person is legally blind)

I, a licensed physician or optometrist, hereby certify that \_\_\_\_\_  
is currently "disabled" and unable to carry his/her garbage to the curb.

Name of Physician or Optometrist: \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Signature of Physician or Optometrist: \_\_\_\_\_ Date: \_\_\_\_\_

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