



**APPLICATION FOR RESIDENTIAL DISABLED  
BACK DOOR SERVICE  
CITY OF AUSTELL  
5000 AUSTELL-POWDER SPRINGS RD. SUITE 133  
AUSTELL, GA 30106**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Austell, GA Zip: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Water Account Information—Customer No.: \_\_\_\_\_ Location ID No.: \_\_\_\_\_  
Back door service Information:  Front Porch  Other: \_\_\_\_\_

**APPLICANT'S VERIFICATION OF 65 OR OLDER AND HOUSEHOLD OCCUPANCY  
To be completed by Applicant**

I, the undersigned applicant, certify that I am  65 years old or over and unable to carry my residential garbage/recycling to the curb. I also certify that there is no one in my household or employ that is able to carry my garbage/recycling to the curb.

I understand that it is my responsibility to *re-submit* this form *annually* from this date for continuance of residential back-door service. It is my knowledge that any copy of a document presented as evidence of my age will be destroyed once the information is verified.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Proof of Age  
(must include the complete date of birth)**

I include one of the following documents as proof of age:

- State ID or Drivers License or Permanent Resident Card
- Birth certificate
- Passport

Date of birth: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_