APPLICATION FOR RESIDENTIAL DISABLED BACKDOOR SERVICE

5000 AUSTELL-POWDER SPRINGS RD. SUITE 133
AUSTELL, GA 30106
770-944-4325, option 4

APPLICANT INFORMATION

Name: ____

Residential Address: ____

Austell, GA Zip:____________________ Telephone No.:______________________

Water Account Information—Customer No.:__________________ Location ID No.: ____________________

Disabled Carryout Information: ☐ Front Porch ☐ Other: ______________________________

APPLICANT'S VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

To be completed by Applicant

I, the undersigned applicant, certify that I am ☐ temporarily ☐permanently disabled 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 disabled carryout service.

I authorize my physician or optometrist to release any information necessary to verify my disability.

Signature of Applicant: ______________________________________ 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" as described below and unable to carry his/her garbage/recycling to the curb.

Nature of disability: ____

____

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I further certify that such disability is of a: ☐ temporary nature
(Length of Disability is from ____________ to ____________)
☐ permanent nature continuing for the applicant's lifetime

Name of Physician or Optometrist: ____

Professional License Number: ______________________________ Telephone Number: ____________

Address: ______________________________________ City/State/Zip: ________________

Signature of Physician or Optometrist: ____________________________ Date: ____________________

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