



Back or Side Door Service Request Form

Name: _____

Address: _____

Phone #: _____

Email: _____

Anticipated Duration of Request: _____

The above-named person (applicant) is not able to move their sanitation roll cart to the curb for collection and is requesting back or side door service. The applicant must meet one or more of the following criteria to be eligible for this service:

- Over 75 years of age (*must provide proof of age – driver’s license etc.*)
- Georgia handicap parking requirements (*must provide proof – copy of placard, both sides, or statement from medical provider*)
- Hearing deficiency as medical proof is provided
- Use of a portable oxygen tank or device as medical proof is provided
- Extreme breathing problems or lung disease as medical proof is provided
- Inability to walk more than 200 feet without requiring a break or without the aid of a wheelchair or similar device as medical proof is provided
- Heart condition as medical proof is provided
- Muscular or neurological condition which prevents full walking capabilities as medical proof is provided
- Pregnancy as medical proof is provided
- Blindness or severe vision impairment as medical proof is provided

Requestors Signature _____ Date _____

Medical Provider Practice _____

Medical Provider Signature (*if applicable*) _____

Date _____