

Document Submission Information

Please give us your name, email and contact number so we may contact you if needed regarding the document you are submitting.

Thank You.

First Name: _____ Last Name: _____

Email Address: _____

Contact Phone Number: _____

OFF STREET GARBAGE COLLECTION REQUEST

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Utility Account Number: _____

Describe physical disability which prevents you from placing garbage containers next to the roadway: _____

(Medical Verification May Be Required): _____

Is there any other person, including household/domestic help, available to assist you in placing your garbage containers next to the roadway?

Yes No

How have you been getting your garbage containers next to the roadway?

Do you understand that special service is available to you only while you are unable to place your garbage containers next to the roadway, and only while you have no other assistance available to you?

Yes No

Do you agree to notify the Sanitation Division when the conditions for the service no longer apply?

Yes No

Are you employed? Yes No

If yes give employer's name, address, and telephone number:

Employer's Name: _____ Phone: _____

Employer's Address: _____

