

TOWN OF FAIRMONT, NORTH CAROLINA
BACK DOOR GARBAGE SERVICE APPLICATION

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____

TELEPHONE: (HOME) _____ (WORK) _____ (CELL) _____

I formally request special assistance and service from either my back door, side door, garage area or other agreeable "pick-up" point for my 90 gallon roll out cart to be provided by Waste Management in lieu of the standard curbside service due to a medical or physical disability.

Is anyone residing within the residence physically able to push or roll the cart to the designated location at the curb for collection? () YES () NO

If the above answer is **no**, please state the nature of the disabilities of the person or persons at the residence: _____

Pick Up Location: () Back Door () Side Door () Garage Area () Other: _____

REQUIRED INFORMATION RELATING TO DISABILITY:

() North Carolina Handicap Number (if available): _____

() In my opinion, Mr./Mrs. _____ is physically unable to move the garbage roll out cart from their home to the curb. Such action would be detrimental to his/her health.

Attending Physician

Name of Clinic/Doctor: _____

Address: _____ Phone: _____

The above is a true and accurate statement that reflects the existing conditions regarding my application for special service. I acknowledge the town's right to investigate the information provided.

APPLICANT'S SIGNATURE

FOR OFFICAL USE ONLY: APPROVED/DISAPPROVED DATE _____

TOWN MANAGER