



CITY OF STOCKBRIDGE
4640 North Henry Blvd, Stockbridge, GA 30281
770-474-1232

APPLICATION FOR BACKDOOR SANITATION COLLECTION

Please note that for permanent disability, certification of your eligibility will be required annually.
You will be sent a renewal form.

Please complete the enclosed form and return it to the City of Stockbridge Utility Billing Office. The City is pleased to offer weekly, backdoor collection of garbage to residents who are unable to take their containers to the curb. In order to provide this backdoor service efficiently, we must make sure that this service is provided only to qualified residents. Qualified residents are those individuals who, because of a permanent or temporary physical disability, are unable to take the garbage carts to the curb, **and who do not share a residence with an able-bodied person capable of placing the waste receptacles at the curb.**

If you require backdoor sanitation collection because of a permanent or temporary physical condition, you must have a physician confirm your inability to take your garbage containers to the curb.

The application will not be considered complete without a physician's signature.

You or your doctor's office may return the completed form to the City in person, by mail or fax which is listed at the top of the form. Thank you for your cooperation with this process.

CITY OF STOCKBRIDGE
APPLICATION FOR BACKDOOR SANITATION COLLECTION

Return form to:
City of Stockbridge, Utility Billing Office
4640 North Henry Blvd, Stockbridge, GA 30281
or fax to: 770-474-1215

Citizen's Statement (Please Print):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Read the following statement carefully, and check the box beside it if you agree.

☐ I request Backdoor Sanitation Collection because I am unable to take my garbage and recycling containers to the curb, and there is no able-bodied person residing with me who can move the containers.

My reason for needing assistance is (check one):

☐ I have a permanent physical disability _____
(Brief Description)

☐ I have a temporary physical ability until _____
(Date) (Brief Description)

I understand that after this date, I will be removed from the Backdoor Sanitation Collection list

I understand that Backdoor Sanitation Collection is for garbage and recycling (if applicable) collection only, **not yard waste or bulk pickup**. I also understand that this service may be revoked at any time by the City if I no longer qualify for assistance. This determination may be based on observations by the City and/or its representatives.

Signature: _____ Date: _____

Physicians' Statement:

For medical reason(s), the above named individual is unable to and should not move the garbage cart to the curb each week. I have check the correct status – either permanent or temporary. If temporary, I have indicated how long the customer will need backdoor service.

☐ Permanent ☐ Temporary Until (date) _____

Physician Name: _____

Physician Address: _____

Physician Signature: _____ Date: _____

FOR CITY OF STOCKBRIDGE USE ONLY

Date Received: _____ Date Customer Contacted: _____

☐ Approved ☐ Not Approved Reason: _____

Name: _____ Signature: _____