



5/16/2013

Application for Backyard Garbage Service

This application applies only to those households where no one is physically able to roll the cart to the street for collection by the city.

Applicant's name _____

Address _____

Phone _____

Name and age(s) of persons living in this household:

1) _____ Age _____

2) _____ Age _____

Reason why backyard service is requested:

The above is true and accurate statement and reflects the existing conditions. I acknowledge the City's right to investigate the information furnished and their right to determine if a doctor's certificate is needed to verify disability. I also understand that this case may be reviewed as needed by City staff.

Signature of Applicant

Certification of Disability

TO: Public Works Department, City of Rock Hill

FROM: _____, attending physician

In my opinion, Mr./Ms. _____ is physically unable to move the mobile garbage container from the house to the street. Such action would be detrimental to his/her health.

For the City of Rock Hill:

Approved _____ Denied _____ _____ Public Works Director

Recycling yes no

Yardcart

yes

no