



CITY OF HENDERSON
Public Services Department

900 S. Beckford Drive Post Office Box 1434
Henderson, North Carolina 27536-1434
Phone: (252) 431-6115 FAX: (252) 431-0124

Backdoor Garbage Service Application In Lieu of Curbside Collection

This application applies only to households where **“no one in the household is”** physically able to roll the carts or carry recycle bins to the street for collection by the City/Contractor

APPLICANTS NAME: _____ Telephone Number: _____

Address

Name(s) and Age(s) of person(s) living in this household:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____

Reason for backdoor service request (be specific

The above is a true and accurate statement that reflects the need for backdoor service. I acknowledge the City's right to investigate the information furnished.

Applicant's Signature and Date

To be renewed annually

CERTIFICATE OF DISABILITY

To: Public Services Department, City of Henderson

From: _____
Attending Physician/Health Department Name, Address, and Phone Number

In my opinion Mr. /Ms. _____ is physically unable to move the mobile garbage from their home to the curb. Such action would be detrimental to his/her health.

Signature _____ MD PA

APPROVAL: _____ GRANTED _____ DENIED

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_____ Public Services Department