APPLICATION FOR RESIDENTIAL DISABLED BACKDOOR SERVICE
CITY OF AUSTELL
5000 AUSTELL-POWDER SPRINGS RD. SUITE 105
AUSTELL, GA 30106

APPLICANT INFORMATION

Name: _____

Residential Address: _____

Austell, GA Zip: _____ Telephone No.: _____

Water Account Information—Customer No.: _____ Location ID No.: _____

Disabled Carryout Information: ☐ Front Porch ☐ Other: _____

APPLICANT'S VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY
To be completed by Applicant

I, the undersigned applicant, certify that I am ☐ temporarily ☐ permanently disabled and unable to carry my residential garbage/recycling to the curb. I also certify that there is no one in my household or employ that is able to carry my garbage/recycling to the curb.

I understand that it is my responsibility to re-submit this form annually from this date for continuance of residential disabled carryout service.

I authorize my physician or optometrist to release any information necessary to verify my disability.

Signature of Applicant: _____ Date: _____

DISABILITY STATEMENT
To be completed by a Licensed Physician (or Optometrist if person is legally blind)

I, a licensed physician or optometrist, hereby certify that _____ is currently "disabled" as described below and unable to carry his/her garbage/recycling to the curb.

Nature of disability: _____

_____

_____

I further certify that such disability is of a:
☐ temporary nature
(Length of Disability is from _____ to _____)
☐ permanent nature continuing for the applicant's lifetime

Name of Physician or Optometrist: _____

Professional License Number: _____ Telephone Number: _____

Address: _____ City/State/Zip: _____

Signature of Physician or Optometrist: _____ Date: _____