



100 West End Street, Chester, South Carolina 29706
Telephone (803)581-2123*Fax (803)377-1116

Backdoor Garbage Service Application

This application applies only to those 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.

APPLICANT'S NAME _____

ADDRESS _____

TELEPHONE _____

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

NAME	AGE
1. _____	_____
2. _____	_____

Reason for backyard service request:

The above is a 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.

Applicant signature

CERTIFICATE OF DISABILITY

To: Public Works Department, City of Chester

From: _____
Attending Physician

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

APPROVAL:

FOR OFFICIAL USE ONLY

Granted

Denied

Public Works Director