



100 West End Street, Chester, South Carolina 29706  
Telephone (803) 581-2123 • Fax (803) 377-1116  
[www.chestertsc.org](http://www.chestertsc.org)

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