BACK DOOR GARBAGE SERVICE APPLICATION

THIS APPLICATION APPLIES ONLY TO THOSE HOUSEHOLDS WHERE NO ONE IS PHYSICALLY ABLE TO ROLL THE CART TO THE CURB FOR COLLECTION BY THE CITY.

APPLICANT'S NAME:					
ADDRESS:			Т	ELEPHONE:	
1.					
2.					
3.					
IS THERE ANY PERSO TO ROLL THE CART T				CAPPED RESIDENTS WH DAYS? YES NO	
REASON WHY BACK I	OOR GARI	BAGE SERVICE	E IS REQUESTED	:	
I ACKNOWLEDGE THE	E CITY'S RI	GHT TO INVES	STIGATE THE IN	LECTS THE EXISTING CO FORMATION FURNISHEI D TO VERIFY DISABILIT	AND THEIR
APPLICANT:		DATE:			
RETURN APPLICATIO	N TO:	SANITAT P.O. BOX	ORANGEBURG TION DIVISION (1183 EBURG, SC 29116	5	
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	NLY:	APPROVAL:	GRANTED	DENIED	
**	BY:				**
**	DATE:				**
*****		. * * * * * * * * * * * * * * * * * * *	****	****	. * * * * * * * * * * * * * * * * * * *