

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.

ADDRESS  TELEPHONE  Name and age(s) of person(s) living in this household:  NAME  AGE  1	APPLICANT'S NAME		
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NAME AGE  1	TELEPHONE		
2	Name and age(s) of person(	(s) living in this household:	
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:  Granted  FOR OFFICIAL USE ONLY	NAME		AGE
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