BACKDOOR GARBAGE AND RECYCLING COLLECTION APPLICATION

This assistance is provided to utility billed Citizens within The City of Daytona Beach who are physically unable to take their garbage and recycling to the curbside for collection.

INSTRUCTIONS**:**

1. Complete the resident section of this application. (Including your signature)
2. Have your physician complete and sign the disability certification section.
3. MAIL the original application to: CODB Solid Waste 950 Bellevue Ave, Daytona Beach FL 32114

RESIDENT SECTION

NAME_____ **DATE**_____

ADDRESS_____**PHONE NUMBER**_____

List other persons residing at this residence and their relationship_____

I HEREBY CERTIFY THAT THE INFORMATION GIVEN TO THE CITY OF DAYTONA BEACH IS CORRECT AS GIVEN. THAT NO PERSON IN THIS HOUSEHOLD IS PHYSICALLY CAPABLE OF TAKING HOUSEHOLD GARBAGE OR RECYCLING TO CURBSIDE FOR COLLECTION.

SIGNATURE_____

PHYSICIAN SECTION

(To be completed by the physician after the resident section has been completed)

DISABILITY CERTIFICATE

PHYSICIAN'S NAME_____ **PHONE NUMBER**_____

(Please type or print)

ADDRESS_____ **CHECK ONE: PERMANENT**_____ **TEMPORARY** _____

If temporary, approximately how long will this service be needed: From _____ **To**_____

Date **Date**

TYPE OF DISABILITY_____

PHYSICIAN'S SIGNATURE_____

Upon completion by the physician and approval by the City of Daytona Beach-the Applicant shall arrange for the container to be placed outside of any fenced area and readily accessible for collection.

RETURN THIS FORM TO:
Solid Waste Management
950 Bellevue Ave
Daytona Beach, FL 32114

APPROVED:_____
Sandra Van Cleef
Solid Waste Supervisor