



NORTHPORT ALABAMA

NORTHPORT PUBLIC WORKS DEPARTMENT BACKYARD PICKUP REQUEST FORM

APPLICANT INFORMATION

RESIDENT'S NAME: _____

RESIDENT'S PICKUP ADDRESS: _____

PHONE #: (____) _____

VERIFICATION OF DISABILITY AND HOUSEHOLD OCCUPANCY

To be completed by Applicant

I, the undersigned applicant, certify that I am temporarily permanently disabled and unable to carry my garbage to the curb. I also certify that there is no one that lives at the residence or that is here on a regular basis (other family members, caretaker, sitter, or other employee or hired help) that is able to carry my garbage to the curb.

I also authorize my physician to release any information necessary to verify my disability.

"I hereby certify that the information above is true and accurate."

Applicant Signature: _____ Date: _____

DISABILITY VERIFICATION

To be completed by attending physician

I have examined _____ and in my professional opinion, this person is physically unable to carry his/her garbage to the street/curb by any means.
(name of applicant)

The physical disability or handicap is of a:

- Temporary Nature (lasting until _____ (estimated date))
 Permanent Nature

Name of Physician (Please Print): _____ Phone: _____

Address: _____ City/State/Zip: _____

Signature of Physician: _____ Date: _____

Please return to:

Northport Public Works Department
1781 Harper Road
Northport, AL 35476
Fax: (205) 333-3030
Phone: (205) 333-3003

For Office Use Only

Date Received: _____

Granted Denied Other

Comments: _____

Supervisor: _____