

CITY OF LYONS

INSTRUCTIONS FOR APPLYING FOR **BACK DOOR TRASH SERVICE POLICY**

The City of Lyons in conjunction with Republic Service is able to offer to residential customers “Back Door Trash Service” This service is available to residential customers who are unable due to physical disability to move their trash carts to the curb.

To apply for the “Back Door Trash Service” please fill out the attached Certificate of Eligibility, and submit a complete certificate using one of the methods outlined below:

Mail or submit in person to:

City of Lyons
161 N.E. Broad Street
Lyons GA 30436

Fax to: (912) 526-0607

APPLICATION FOR BACK DOOR TRASH SERVICE STATEMENT

I hereby apply for back door service with the City of Lyons.

I hereby certify that for health reasons or physical incapacity or handicap, I cannot place my solid waste at the curbside for collection. I also have no able-bodied assistance available in my residence to place my solid waste at curbside.

I understand that I will be entitled to have my residential container serviced from my back door at each regularly scheduled pickup by the City of Lyons or its contractor, and that this service is for household solid waste only. I further understand that I may not place out for collection more than what one (1) assigned solid waste container can hold.

I understand that a Doctor's Certificate will be required stating it would be injurious to my health to carry or lift containers to place them out for collection.

I also understand that if at any time the validity of the application is in question, the City may require a new Doctor's Certificate or proof that I still meet the requirements as set forth in the policy.

This disability allowance may be canceled at any time by the Department if my statements are found not to be legitimate.

NAME _____ (Print) (Signature)

ADDRESS _____ ZIP CODE _____

ACCOUNT NO. _____ PHONE NO. _____

PICK UP DAYS _____ DATE SIGNED _____

(FOR OFFICE USE ONLY)

DOCTOR'S CERTIFICATE ATTACHED AND DATED _____

APPLICATION: APPROVED _____ DENIED _____

EFFECTIVE DATE _____

DIRECTOR/DESIGNEE _____

(Signature)