

TOWN OF FRANKLINTON
Public Works Department
Post Office Box 308
Franklinton, North Carolina 27525-0308
Phone: (919) 494-2520 FAX: (919) 494-7804

Backdoor Garbage Service Application In Lieu of Curbside Collection

This application applies *only* to households where no one in the household is physically able to roll the waste or recycle carts to the street for collection by the City/Contractor

APPLICANTS NAME: _____ Telephone Number: _____

Address _____

Name(s) and Age(s) of person(s) living in this household:

Name: _____ Age: _____

Name: _____ Age: _____

Reason for backdoor service request (be specific)

The above is a true and accurate statement that reflects the existing conditions. I acknowledge the City's right to investigate the information furnished.

To be renewed annually

CERTIFICATE OF DISABILITY

Applicant's Signature

To: Public Works Director, Town of Franklinton

From: _____
Attending Physician/Health Department Name, Address, and Phone Number

In my opinion Mr./Ms. _____ is physically unable to move the mobile garbage and/or recycle cart from their home to the curb. Such action would be detrimental to his/her health.

APPROVAL: _____ GRANTED _____ DENIED

FOR OFFICIAL USE ONLY

Public Works Director