



# Solid Waste Back Door Service Application

## Section 1 Certification to be Completed by Licensed Physician or Nurse Practitioner

I do hereby certify that \_\_\_\_\_  
Printed Name of Disabled Person Address

\_\_\_\_\_ has the following condition:  
City State Zip Phone

- Cannot walk 200 feet without stopping to rest; or
- Cannot walk without the use of an assistive device; or
- Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one (1) second, when measured by spirometry, is less than one (1) liter, or the arterial oxygen tension is less than sixty (60) mm/hg on room air at rest; or
- Use portable oxygen; or
- Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
- Is severely limited in his/her ability to walk due to an arthritic, neurological, or orthopedic condition.

\_\_\_\_\_  
Printed Name of Physician or Nurse Practitioner

### Disability Should Not Extend Beyond

\_\_\_\_\_  
Signature of Physician or Nurse Practitioner

\_\_\_\_\_/\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Date Phone Number

## Section 2 Application to Be Completed by Solid Waste Department

Application is hereby made for:

Expiration Date

Solid Waste Back Door Service Exception

\_\_\_\_\_/\_\_\_\_\_  
Month Year

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Registrant's Name

\_\_\_\_\_  
Signature of Solid Waste Clerk

\_\_\_\_\_  
Date

## Section 3 To Be Completed by Applicant

I hereby certify that the above statements are true and correct to the best of my knowledge and make application for a Solid Waste Back Door Service exception on the condition that no other person living at the above address is able to move the Solid Waste can to the road. I also acknowledge that I will not hold the County liable for any damage done to my driveway as a result of the truck picking up my garbage.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date