



CITY OF WOODSTOCK PUBLIC WORKS DIVISION
Attn: Backdoor Pickup - 12453 HIGHWAY 92
WOODSTOCK, GEORGIA 30188
770-592-6000 (Office) 770-926-1375 (Fax)
sbreitbart@woodstockga.gov

APPLICATION FOR BACKDOOR PICKUP
(Signature Required For Re-Certification)

NAME: _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____
PHONE #: _____ **EMAIL:** _____

I hereby certify that I am unable to push the garbage and recycling containers to the curb for collection due to a physical impairment and that there is no one who resides with me that can do so. I will be responsible and required to have household garbage and recycling items placed inside the carts in secured/tied plastic bags for collection on the scheduled day of pickup. Clear bags are required for recycling. Location of the carts shall be visible and completely accessible by Waste Management.

Customer Signature: _____ **Total Number in Household:** _____

Please check one:

- _____ I certify that I live alone and do not have anyone to assist in placing the cart(s) out.
_____ I certify that there are other person(s) living in my household and each person is disabled.

PHYSICIAN STATEMENT:

I hereby certify that the above-named individual (s) is/are disabled and is physically unable to push the garbage and recycling carts to the street for collection. Please check one of the following:

_____ **Permanently Disabled** _____ **Temporarily Disabled Until**

Please give a brief description of the Disability: _____

Dr. Phone #: _____ **Dr. Address:** _____

Physician Signature: _____ **Date:** _____

“For Office Use Only”

Date Received in Office: _____ By Whom: _____

Supervisors Signature: _____ Date: _____

Approved: _____ Disapproved: _____ Comments: _____