



# 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: \_\_\_\_\_