



**BACKYARD SANITATION  
COLLECTION SERVICE**

VERIFICATION FORM FOR PHYSICALLY  
DISABLED PERSONS

DATE: \_\_\_\_\_

**RESIDENT'S STATEMENT  
(TO BE COMPLETED BY RESIDENT REQUESTING SERVICE)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

In accordance with the physician's verification above, I am physically unable to transport my household refuse to the curb for collection. I further verify that there is no able-bodied person residing at my residence who is capable of transporting my roll out container to the curb for collection.

RESIDENT'S SIGNATURE: \_\_\_\_\_ PHONE # \_\_\_\_\_



\_\_\_ I am over the age of 75 and request the service of backyard pick up for my residential garbage – **NO DOCTOR'S STATEMENT REQUIRED**



**PHYSICIAN'S STATEMENT  
(TO BE COMPLETED BY ATTENDING PHYSICIAN)**

It is my professional opinion that \_\_\_\_\_ is physically unable to transport his/her household refuse to the curb for collection.

\_\_\_ It is my professional opinion that his/her inability is permanent.

\_\_\_ It is my professional opinion that his/her inability is temporary. The temporary inability is anticipated to end \_\_\_\_\_.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSE ID # \_\_\_\_\_



**It shall be unlawful for any person to willfully misrepresent information on this form. A violation of this section shall be a criminal misdemeanor subject to a penalty and/or imprisonment for each and every offense. The Solid Waste Services Department at all times has the authority to terminate such service upon a reasonable basis stated in writing to the recipient of the service. Upon termination of the service, the individual must immediately use the roll-out container, brought to the curb, for service. This form will need to be updated a year from the date it was signed.**

**This form may be faxed to the City Public Works Office at (803) 286-8734 or mailed to City Public Works PO Box 1149, Lancaster, SC 29721.**