



**CITY OF LANCASTER
SOLID WASTE DEPARTMENT**

P O BOX 1149 • 1309 LYNWOOD DRIVE
LANCATER, SC 29721
OFFICE 803-286-8471 • FAX 803-286-8734
www.lancastercitysc.com

BACKYARD GARBAGE COLLECTION SERVICE

(TO BE COMPLETED BY RESIDENT REQUESTING SERVICE)

Please complete the section below that pertains to you and return to us by mail at City of Lancaster, Solid Waste Dept, P O Box 1149, Lancaster, SC 29721 or fax to 803-286-8734. Please note that by signing this form, you are verifying there is no one living at your location that is under the age of 75 or is physically able to roll the container to the street.

Name _____

Address _____

____ I AM OVER THE AGE OF 75 YEARS AND REQUEST THE SERVICE OF BACKYARD PICK UP FOR MY GARBAGE COLLECTION. NO DOCTOR'S STATEMENT REQUIRED.

____ I WOULD LIKE TO HAVE A *BACKYARD RECYCLE BIN DELIVERED* TO MY HOME.

RESIDENT'S SIGNATURE _____ DATE _____

IF NOT OVER THE AGE OF 75 YEARS, PLEASE HAVE YOUR ATTENDING PHYSICIAN COMPLETE THIS SECTION. YOUR PHYSICIAN MAY FAX COMPLETED FORM TO 803-286-8734.

IT IS MY PROFESSIONAL OPINION THAT _____ IS PHYSICALLY UNBLE TO TRANSPORT HIS/HER REGULAR GARBAGE CONTAINER TO THE STREET FOR COLLECTION.

____ IT IS MY PROFESSIONAL OPINION THIS PATIENT IS *PERMANELTY* UNALBE TO TRANSPORT HIS/HER GARBAGE CONTAINER TO THE STREET.

____ IT IS MY PROFESSIONAL OPINION THIS PATIENT IS *TEMPORIARLY* UNABLE TO TRANSPORT HIS/HER GARBAGE CONTAINER TO THE STREET. THEIR TEMPORARY STATUS IS ANTICIPATED TO END ON _____.

PHYSICIAN'S SIGNATURE _____ DATE _____

MEDICAL OFFICE NAME _____

ADDRESS _____ PHONE NUMBER _____

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 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 service, the resident must immediately use a regular garbage container and roll it out to the street for collection service. This form will be updated on a yearly basis.

***This form may be returned in the stamped enclosed envelope or
Fax to Solid Waste Department at 803-286-8471.***