



BACK DOOR GARBAGE SERVICE APPLICATION

This Application applies only to those households where no one is physically able to roll the cart to the curb for collection by the city.

Applicant's Name _____

Address _____

Phone Number _____

Name and age of person(s) living in this household:

1. _____
2. _____
3. _____

Is there any person who normally assists the resident who is able to roll the cart to and from the curb on collection days? Yes or No

Reason why back door garbage service is requested:

The above is a true and accurate statement and reflects the existing conditions. I acknowledge the City's right to investigate the information furnished and their right to determine if a doctor's certification is needed to verify disability.

Applicant _____ Date _____

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For City use only Approval: Granted _____ Denied _____

By: _____ Date _____

Please Return to:
City of Orangeburg Sanitation Department
P.O. Drawer 387
Orangeburg, SC 29116-0387
Phone 803/533-6010
www.orangeburg.sc.us