



SANITATION SERVICES & FLEET MANAGEMENT

Garbage & Recycle Backdoor Disability Service Physician Form

Please have your physician complete and return with your completed application to City of Pensacola Sanitation Services at 100 West Leonard St Pensacola, FL 32501 or via fax at 850-595-1010.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Please circle applicable category:

Permanent Disability OR Temporary Disability

By signing this application, I certify that the above named individual(s) has a disability or other qualifying impairment under the Americans with Disabilities Act (ADA) that prevents the person from participating in curbside/roadside garbage and recycling collection services.

Physician Signature: _____

Physician Name: _____

Physician License Number: _____

Physician Address: _____

Physician Phone Number: _____

Date: _____



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Garbage & Recycle Backdoor Disability Service Application for City of Pensacola Sanitation Services

Please complete this application and return it along with the attached Physician Form to the Sanitation Services 100 West Leonard Street Pensacola, FL 32501 or via fax at 850-595-1010.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

If you would like us to contact someone other than yourself should we have any questions about your request, please provide the contact information below:

Name: _____

Phone Number: _____

Comments: _____

By signing this application, I understand and agree that this service will be provided as a courtesy and may be stopped at any time if false or misleading information is included on or with this application and I certify that no other home residents are physically able to take the receptacles to the curbside/roadside.

Signature of Applicant: _____

Date: _____