



**APPLICATION FOR RESIDENTIAL DISABLED
BACK DOOR SERVICE
CITY OF AUSTELL
5000 AUSTELL-POWDER SPRINGS RD. SUITE 105
AUSTELL, GA 30106**

APPLICANT INFORMATION

Name: _____
Residential Address: _____
Austell, GA Zip: _____ Telephone No.: _____
Water Account Information—Customer No.: _____ Location ID No.: _____
Back door service Information: Front Porch Other: _____

**APPLICANT'S VERIFICATION OF 75 OR OLDER AND HOUSEHOLD OCCUPANCY
To be completed by Applicant**

I, the undersigned applicant, certify that I am 75 years old or over and unable to carry my residential garbage/recycling to the curb. I also certify that there is no one in my household or employ that is able to carry my garbage/recycling to the curb.

I understand that it is my responsibility to re-submit this form annually from this date for continuance of residential backdoor service.

Signature of Applicant: _____ Date: _____

**Proof of Age
(must include the complete date of birth)**

I include one of the following documents as proof of age:

- State ID or Drivers License or Permanent Resident Card
- Birth certificate
- Passport

It is my knowledge that this document, if I decide to present a copy, will be destroyed and will not remain in any file.

Signature of Applicant: _____ Date _____