Perry

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From: Ansley Fitzner, Public Works Superintendent

Date: July 17, 2024

Re: Disabled Back Door Service customer policy

The City of Perry offers an elevated service to qualifying disabled solid waste customers in which the contracted vendor or city staff is permitted to travel onto private property to retrieve and service the solid waste toter weekly at no additional charge.

Eligibility:

This service is available to all city customers who have the associated qualification form approved by their physician.

Renewal:

This service pertains to the household in which the qualified individual resides for the term listed by the physician or the duration of the individual's residency. The city may require renewals as outlined in the application form or at any interval based on operations and policy reviews.

Non-compliance:

Disabled back door customers must adhere to the normal requirements for safe and effective solid waste collection, bagging their household garbage and ensuring all items fit within the assigned trash receptacle. Non-complying items, overloaded carts, obstructed access, or other forms of non-compliance may result in removal from the program.

Any questions or concerns relative to this policy or the operations of solid waste collection can be directed to the Department of Public Works, Solid Waste Secretary Jacques Whitfield at 478-988-2729.

Thank you,

Ansley Fitzner

City of Perry

Public Works Superintendent

Perry

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Backdoor Solid Waste Service Application

Name: _____

Address: _____

_____

Phone number: _____

Utility Account holder name (if other than applicant):

_____

This portion of the form is to be completed by the physician or his/her designee:

Primary Physician: _____

Address: _____

_____

Phone number: _____

Please answer the following questions:

I certify that the patient listed above has an impediment or disability that prevents him/her from safely maneuvering their residential trash receptacle to the street.

_____ Yes, I agree

This impediment or disability is a permanent condition. _____ YES _____ NO

    If no, please indicate an approximate timeframe: _____

Signature: _____ Date: _____

This portion to be filled out by the City of Perry:

Received date: _____ Received by: _____