

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



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 compl	eted 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 i from safely maneuvering their residential tra	mpediment or disability that prevents him/her ash receptacle to the street.
Yes, I agree	
This impediment or disability is a permanen	t conditionYESNO
If no, please indicate an approximate	timeframe:
Signature:	Date:
This portion to be filled out by the City of Per	rry:
Received date:	Received by: