



Garbage & Recycle Backdoor Disability Service Application

Please complete this application and return it along with Physician form to the Solid Waste Authority of Palm Beach County at 7501 N. Jog Road, West Palm Beach FL, 33412, ContactCIS@swa.org, or via fax at 561-471-0142.

Name of Applicant: _____

Telephone Number: _____

Address: _____

Should we have any questions about your request for this Service and you would like us to contact someone other than yourself, please provide their information below:

Name: _____

Telephone 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 _____



Garbage & Recycle Backdoor Disability Service Physician Form

Please have your physician complete and return with your completed application to the Solid Waste Authority of Palm Beach County at 7501 N. Jog Road, West Palm Beach FL, 33412, ContactCIS@swa.org, or via fax at 561-471-0142.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Please select applicable category:

- Permanent Disability
- 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: _____ Date: _____

Physician Name: _____

Physician License Number: _____

Physician Address: _____

Physician Phone Number: _____