



HUNTSVILLE

The Star of Alabama

OFF STREET GARBAGE COLLECTION REQUEST

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Utility Account Number: _____

Describe physical disability which prevents you from placing garbage containers next to the roadway:

(Medical Verification May Be Required): _____

Is there any other person, including household/domestic help, available to assist you in placing your garbage containers next to the roadway?

Yes ___ No ___

How have you been getting your garbage containers next to the roadway?

Do you understand that special service is available to you only while you are unable to place your garbage containers next to the roadway, and only while you have no other assistance available to you?

Yes ___ No ___

Do you agree to notify the Sanitation Division when the conditions for the service no longer apply? Yes ___ No ___

Are you employed? Yes ___ No ___

If yes give employer's name, address, and telephone number:

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P.O. Box 308- Huntsville, Alabama 35804-0308 Phone 256-883-3974 FAX 256-883-3966

Do you understand that this request is for garbage collection only? Any yard waste or trash items must be at the curb for collection. Yes ____ No ____

Do you understand that all garbage to be collected by Public Works Services Sanitation must be bagged and each bag cannot weigh more than 50 lbs.

Yes ____ No ____

Do you understand that each collection is limited to the garbage contained within the automated garbage cart and does not include overflow.

Yes ____ No ____

Providing that this request is approved, and my driveway or private property has to be used for access, I hereby grant the City of Huntsville, permission to use said private property and agree not to hold the City of Huntsville liable for any damages resulting from the collection service.

Date _____ Signature of Authorized Person _____

FOR OFFICE USE ONLY

Date: _____ Approved: Yes ____ No * ____
*If not approved, note explanation.

Route Number: _____

Service Date: _____

Service Address: _____

Location of Containers: _____

Remarks:

City Agent: _____

