

RETURN COMPLETED FORM TO: Sullivan Environmental Services, 425 Georgia Highway 292,
Vidalia, Georgia 30474 – Phone 912-538-1616

**Application for backdoor solid waste collection for handicapped or disable
persons. (Please print or type)**

Instructions: Applicant must provide the required information on the top portion of this form
and applicant's physician must fill out the remaining information.

Name of Applicant: _____

Address of Applicant: _____

Phone number of Applicant: _____

Briefly explain the reason for requesting backdoor service: _____

I hereby testify on my honor, that there is no other adult or older adolescent living at the premises
where I reside, or in my household that could carry the weekly accumulation of residential solid waste to
the roadside for normal collection.

Signature of Applicant

****** SECTION BELOW TO BE FILLED OUT BY APPLICANT'S PHYSICIAN ******

1. Name, address, and phone number of applicant's physician:

2. Briefly describe applicant's medical condition that would prevent applicant from taking
solid waste from their residence to the roadside.

3. _____

4. _____

5. _____

Signature of Physician

****** DO NOT WRITE BELOW THIS LINE – SES USE ONLY ******

I have reviewed the application and found that the applicant should ____ or should not ____
receive backdoor solid waste collection.

Date

Signature, SES Rep