



CITIZENS WITH DISABILITIES BACKDOOR SOLID WASTE SERVICES REQUEST FORM
(effective December 5, 2022)

Backdoor Solid Waste Service collection is restricted to physically challenged citizens who are sole residents at the address where service is requested, unless all other residents at the service address have disabilities which prevent them from placing waste items at the curb for collection.

Name of Applicant: _____

Service Address: _____

Home Phone: _____ Cell Phone: _____

Customer Email Address: _____

APPLICANT'S CERTIFICATION:

I/We, the undersigned, certify that I/we am/are physically challenged and unable to place solid waste at the curb for collection. Further, I/we am/are the sole resident/residents at the above service address. By my/our signature(s), I/we also give approval for solid waste personnel to enter the above-referenced property for the purpose of collecting solid waste and hereby waive any claim against the District or its designee for any damages in connection with solid waste personnel entering this property for the above-stated purpose.

Signature of Applicant: _____

Signature of other Resident(s): _____

PHYSICIAN/OPTOMETRIST'S CERTIFICATION: To be completed by a licensed physician (or optometrist if person is legally blind).

I am a licensed physician or optometrist and I hereby certify that _____ is physically disabled, such that he/she is unable to place his/her solid waste material at the curb for collection.

Printed Name of Physician or Optometrist: _____

Signature: _____ Phone: _____

Address: _____

MAIL COMPLETED FORM TO WCID #1 CUSTOMER SERVICE, P.O. BOX 307, DICKINSON, TX 77539
OR BY EMAIL TO CUSTOMERSERVICE@GCWCID1TX.GOV.