

CITIZENS WITH DISABILITIES BACKDOOR SOLID WASTE SERVICE REQUEST FORM

Dickinson WCID
2750 FM 517 Road East
P. O. Box 307
Dickinson, TX 77539
Phone: (281) 337-1576

For Office Use:

Account No.: _____

Request Completed Date: _____

INSTRUCTIONS:

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.

Complete the form and submit it by email to customerservice@dickinsonwcidtx.gov or drop in 24-hour drop box located at 2750 FM 517 Rd East, Dickinson, TX 77539.

ALL BLANKS MUST BE COMPLETED BEFORE THE FORM WILL BE ACCEPTED.

ACCOUNT INFORMATION:

Today's Date: _____

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: _____