

Special Collection Service Request Form

Date: _____

Name: _____

Service Address: _____

Phone: _____

Number of people in Household: _____

Are other members of the household able to assist with container placement? Yes No

Does this resident require assistance with moving their garbage cans? Yes No

Comments:

Type of Service Requested: Temporary Permanent

Verification by Physician (Required)

By signing below, the physician verifies that the applicant requires assistance with waste container placement. No medical or diagnostic information is requested or required.

Physician's Signature: _____

Physician's Printed Name: _____

Physician's Phone: _____

Physician's Address: _____

Return completed form to:
City of Hendersonville – Public Works
305 Williams Street, Hendersonville, NC 28792

Approved Denied
