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Carry-Out Collection Service Application

To be considered for "backdoor" carry-out collection service, applicant must provide all information and form must be signed by applicant and a licensed healthcare provider qualified to determine a disability.

Applicant Name: _____

Address: _____

Phone: _____

Applicant Signature* _____

*By signing this form, I, the applicant, attest that I am physically incapable of moving carts or cans to the curb, and that no able-bodied person over the age of 15 or under the age of 65 resides in the household. If lawn and landscaping at the above-named residence is maintained by a contractor, the contractor removes and properly disposes of the generated debris.

Healthcare Provider Name: _____

Address: _____

Phone: _____

Physician Statement: *Please comment concerning the need for "Backdoor" Carry-Out Collection Service.*

Healthcare Provider Signature** _____

****By signing this form, healthcare provider certifies that the applicant holds a disability rendering applicant incapable of moving carts or cans to the curb or maintaining residence's lawn/landscaping.**

Please fax or mail completed form to Republic Services.

Fax: (321) 989-6031

Mailing Address: 2575 Doreatha Fields Ave. NE, Palm Bay, FL 32905