



City of Fort Walton Beach

Solid Waste Division

14 Robinwood Dr SW

Ft Walton Beach, FL 32548

(850)833-9655 TDD #850/833-9925



APPLICATION FOR SPECIAL NEEDS GARBAGE COLLECTION

This application applies only to those households where no one is physically able to roll the garbage can to the street or have any other exceptional reasons as to why the City should provide this service.

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

NAME AND AGES OF ALL PERSONS LIVING IN THIS HOUSEHOLD:

- 1) _____ Age: _____
- 2) _____ Age: _____
- 3) _____ Age: _____

REASON WHY SPECIAL NEEDS GARBAGE COLLECTION IS REQUESTED:

The above is a true and accurate statement and reflects the existing conditions. I hereby acknowledge the City's right to investigate all information furnished, and their right to determine if a doctor's certificate is needed in order to verify disability.

Signature of applicant _____

=====
The section below is for office use only

Approval is -
Granted _____
Denied _____

Solid Waste Supervisor