



CITY OF DALLAS SANITATION DEPARTMENT

CERTIFICATION OF DISABILITY

I, _____ by my signature below, do hereby certify to the City of Dallas, Georgia and the city's sanitation contractor, _____, that I am infirmed or disabled to the degree that I, nor anyone in my household, can relocate my garbage container to the curbside or to the designated collection point along my street.

The nature of my infirmness or disability is as stated below:

In order to qualify the above, the City of Dallas may require that I provide certification from a physician documenting my infirmness or disability.

Signature

Date

Address

City/State

Phone Number

Witness

Date