



CITY OF DUBLIN

SANITATION DEPARTMENT

**INSTRUCTIONS FOR WAIVER OF CURBSIDE
GARBAGE PICKUP SERVICES**

With the implementation of the curbside garbage pickup program, the Sanitation Department realizes that there are some residents who will not be physically able to push the rollcart to the street. The City of Dublin will offer a waiver of this service for residents who complete the enclosed form and return it to the Sanitation Department.

In order to qualify for the waiver of curbside service, the following must apply:

1. Completed form on file with the Sanitation Department.
2. Cart must be placed in an area easily accessible for pickup and must not be in a fenced area.
3. If the request is for a temporary waiver of service, please notify the Sanitation Department as soon as regular curbside service can begin.
4. Waiver of curbside service will cease immediately should the Sanitation Department discover any fraud or abuse of the service.
5. Provide a written verification from physician of disability or inability to push a rollcart.

Your cooperation will be greatly appreciated. Should you have any questions or concerns, please contact the Sanitation Department at the number listed below.

Thank you.

City of Dublin Sanitation Department
PO Box 690
Dublin, GA 31040
Phone: 296-1006 or 277-5040



CITY OF DUBLIN

REQUEST FOR SERVICE

NAME: _____

ADDRESS: _____

DATE: _____

Service requested: _____ **Trash Trailer \$95.00 (per dump)**

_____ **\$3.00 Daily Fee**

_____ **Additional pickup of Dumpster**

I agree to pay the City of Dublin \$ _____ for additional Sanitation Services rendered. This charge will cover the landfill tipping fee and handling charge. Bill is due within 30 days after receipt of service.

Tons: _____ **@ \$36.00 Per Ton \$** _____

Handling Charge \$ _____

Total Due \$ _____

Customer Signature

Sanitation Department

Date



CITY OF DUBLIN

**REQUEST FOR WAIVER OF CURBSIDE
GARBAGE PICKUP SERVICES**

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Age: _____

How many people live in household?: _____

Collection Day: _____

Reason for request: _____

If this is a temporary request, how long will special pickup services be needed?

I certify that no one in the household is physically able to push the rollcart to the street and special garbage pickup service is needed:

Customer Signature

Approved by: _____

Sanitation Department

_____ **Date**

Return this form to: City of Dublin Sanitation Dept. PO Box 690, Dublin, GA 31040