



Garbage & Recycle Backdoor Disability Service Application for Loxahatchee Groves

Please complete this application and return it along with the attached Physician Form to
155 F Road, Loxahatchee Groves, Florida 33470.

Name of Applicant: _____

Telephone Number: _____

Address: _____

If you would like us to contact someone other than yourself should we have any questions
about your request, please provide the contact information below:

Name: _____

Telephone Number: _____

Comments: _____

**By signing this application, I understand and agree that this service will be provided as
a courtesy and may be stopped at any time if false or misleading information is
included on or with this application and I certify that no other home residents are
physically able to take the receptacles to the curbside/roadside.**

155 F Road, Loxahatchee Groves, Fl 33470 . 561-793-2418

Signature of Applicant _____ Date _____



Garbage & Recycle Backdoor Disability Service Physician Form

Please have your physician complete and return with your completed application to
155 F Road, Loxahatchee Groves, Florida 33470.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone Number: _____

Please select applicable category:

- Permanent Disability
- Temporary Disability

By signing this application, I certify that the above named individual(s) has a disability or other qualifying impairment under the Americans with Disabilities Act (ADA) that prevents the person from participating in curbside/roadside garbage and recycling collection services.

Physician Signature: _____ Date: _____

Physician Name: _____

Physician License Number: _____

Physician Address: _____

Physician Phone Number: _____