

**CITY OF ALPHARETTA  
SENIOR, DISABILITY, OR SPECIAL NEEDS APPLICATION FOR SANITATION**

The City of Alpharetta offers the following sanitation fee reduction, exemption and/or additional service to assist seniors and customers with disabilities and/or special needs. Please check the appropriate category below and provide the listed documentation. Applicant must also attach a copy of one of the following as proof of age and residence: Driver's License or Identification Card (address must match the information provided below).

Customer Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Daytime Phone# \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip code)

Form/Documentation Submission:  
 email: [utilities@alpharetta.ga.us](mailto:utilities@alpharetta.ga.us)  
 mail/in-person:  
 City Hall  
 2 Park Plaza  
 Alpharetta, GA 30009  
 Questions? (678) 297-6060

SENIOR REDUCED FEE: \$36.24 every three months

The City provides up to a 50% sanitation fee reduction for customers that are the primary wage earner and 65 years and older. The following information is required:

Applicant's Date of Birth: \_\_\_\_\_

DISABILITY AND/OR SPECIAL NEEDS REDUCED FEE AND BACKDOOR PICK-UP SERVICE:  
 \$36.24 every three months

The City provides up to a 50% sanitation fee reduction and backdoor pick-up service for customers with disabilities and/or special needs that prevents them from placing the pickup carts/bins curbside. Proof of disability must be provided via one of the following:

- Department of Public Safety Handicap I.D. card;
- Disabled Veterans I.D. card; or
- Letter from personal physician stating disability on professional letterhead.

\_\_\_ I request the disability and/or special needs fee reduction; and/or

\_\_\_ I request the backdoor pickup service.

SENIOR, DISABILITY, AND/OR SPECIAL NEEDS EXEMPTION: Full Exemption (\$0 Fee)

Primary wage earner who is a senior (65 years and older), disabled, or has special needs, may qualify for a full exemption from sanitation collection fees if their combined total income is equal-to, or less-than, the established poverty level as established by the United States Government. Please provide the following information:

Total annual income (less Social Security benefits) of Primary Wage Earner.

\$ \_\_\_\_\_

Total annual income (less Social Security benefits of Spouse, if living in the same household) of Primary Wage Earner:

\$ \_\_\_\_\_

The undersigned certifies, under penalty of law that the information provided above and given in support of this application is true and correct.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Rev. 031820)

**\*\*\*Application for sanitation senior discount will be effective the NEXT billing cycle. \*\*\* Seniors 65 or over may also qualify for certain property tax exemptions. Please contact the City of Alpharetta at 678-297-6060 (option 0) for more information.**



APPLICATION FOR BACKDOOR PICKUP

Customer Name: \_\_\_\_\_
Account #: \_\_\_\_\_ Customer # \_\_\_\_\_
Street Address: \_\_\_\_\_
(City) (State) (Zip code)
Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Form/ Documentation Submission
Attn: Backdoor Service
Email: utilities@alpharetta.ga.us
Mail: City of Alpharetta
2 Park Plaza
Alpharetta, GA 30009
Questions? (678) 297-6060

I hereby certify that I am unable to push the garbage and recycling containers to the curb for collection due to a physical impairment and that there is no one who resides with me that can do so. I will be responsible and required to have household garbage and recycling items placed inside the carts in secured/ ties plastic bags for collection on the scheduled day of pickup. Location of the carts shall be visible from the sanitation collection route and completely accessible by Republic.

Customer Signature: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Please Check one:

- I certify that I live alone and do not have anyone to assist in placing the cart(s) out.
I certify that there are other person(s) living in the household and each person is disabled.

Physician Statement:

I hereby certify the above-mentioned individual(s) is/are disabled and is physically unable to push the garbage and recycling carts to the street for collection. Please check one of the following:

- Permanently Disabled
Temporarily Disabled Until \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone #: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public

My Commission expires

For Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_
City of Alpharetta Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Comments: \_\_\_\_\_