

**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
 mail/in-person:
 City Hall
 2 Park Plaza
 Alpharetta, GA 30009
 Questions? (678) 297-6060

SENIOR REDUCED FEE: \$36.60 every three months

The City provides up to a 56% 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:
 \$36.60 every three months

The City provides up to a 56% 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: _____ **Email Address** _____

Date: _____

(Rev. 053122)

*****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: