



**Hillsborough
County Florida**

PUBLIC UTILITIES

PO Box 1110, Tampa, FL 33601-1110
(813) 209-3009

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Dear Customer:

To qualify for the disability backdoor collection exemption, the customer and a licensed health care provider must complete and return the certification application to:

**Hillsborough County Public Utilities
Attention: Solid Waste Assessments
PO Box 89637
Tampa, Florida 33689-0410**

Once your application has been approved, there will be no need to reapply. However, if your physical condition changes and you are able to deliver the solid waste to the curb, or should an individual twelve (12) years or older reside with you who can deliver the solid waste to the curb, you must contact the Solid Waste Division by telephone (813-272-5680) or U. S. mail within ten (10) days to advise us of the change in your eligibility for the disability backdoor service. The Solid Waste Division reserves the right to audit the roll for disability exemptions from time to time to verify that individuals receiving the exemption meet the minimum requirements.



Hillsborough
County Florida

**PUBLIC UTILITIES
BACKDOOR DISABILITY COLLECTION EXEMPTION APPLICATION**

HEALTH CARE PROVIDER CERTIFICATION:

I certify that Mr. /Mrs. /Ms. (please print) _____ has a disability which significantly limits his/her ability to deliver solid waste to the curbside. The foregoing statement is true, correct, and complete to the best of my knowledge and my professional belief.

Signature
(Physician, Physician Assistant, Nurse Practitioner)

Date

Print Name

License #

CUSTOMER CERTIFICATION:

Folio # _____

I, (print name) _____ residing at (Property Address) _____ hereby attest that I am unable to deliver my own solid waste to the curbside. I understand that by signing below, I am authorizing the waste hauler to enter my private property to collect my residential waste from my back door at each regularly scheduled pickup. I further attest that there is no individual twelve (12) years of age or older who resides in the residence who can deliver the solid waste to the curbside. I also certify that, should my physical condition change such that I am able to deliver my solid waste to the curbside or should an individual twelve (12) years of age or older, who can deliver my solid waste to the curbside, take up residence with me, I will contact the Solid Waste Division by telephone at (813) 272-5680, or by U.S. Mail within ten (10) days and advise them of this change in my eligibility for the Backdoor Disability Collection Service.

Signature _____ **Date** _____

Daytime Contact # (_____) _____

Please mail the signed health care and customer certifications to:

Hillsborough County Public Utilities
Attention: Solid Waste Assessments
PO Box 89637
Tampa, Florida 33689-0410

*If you require assistance or an accommodation in completing this form, please contact the Hillsborough County ADA Office at (813) 276-8401 / TTY: (813) 301-7173