



**Hillsborough  
County Florida**

**SOLID WASTE MANAGEMENT**

PO Box 1110 Tampa, FL 33601-1110  
813-272-5680

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John Lyons

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 Solid Waste Management

Attention: Solid Waste Assessments

PO Box 342456

Tampa, Florida 3369

Once you have applied, you do not have to apply again. 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 Public Works Department by telephone or U. S. mail within ten (10) days and advise them of this change in your eligibility for the disability backdoor service. The Public Works Department 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.

SOLID WASTE 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 Public Works Department by telephone at (813) 964-2739, 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 Solid Waste Management: Solid Waste Assessments  
PO Box 342456  
Tampa, Florida 33694