



**CITY OF NORTH AUGUSTA
DEPARTMENT OF PUBLIC SERVICES**

**APPLICATION FOR ASSISTANCE
CURBSIDE PLACEMENT OF GARBAGE ROLL CART**

Customer's Information (please print):

Name: _____

Service Address: _____

Telephone Number: _____

My reason for needing assistance is (check one):

I have a permanent physical disability.

I have a temporary physical disability until _____
(I understand that after this date, I will be removed from the Need Assistance list)

I am requesting assistance because I am unable to bring my garbage roll cart to the curb on the day of collection, and there is no able-bodied person residing with me who can move the cart.

Customer Signature: _____ Date: _____

Physician's Statement:

For medical reason(s), the above individual is unable to and should not move the garbage roll cart to the curb each week. The service will be needed as follows (**check one**):

Permanent Temporary until (date) _____

Physician Name: _____

Physician Address: _____

Physician Signature: _____ Date: _____

**Mail completed form to:
Director of Public Services
City of North Augusta
61 Claypit Road
North Augusta, SC 29841**