

CURBSIDE DISABLED PICK-UP

The Town of North Wilkesboro residents who are physically unable to take solid waste and recycling receptacles to the curbside/roadside, and there is no one residing in the home that is able to take the receptacles to the curbside, are eligible to receive disabled backdoor service.

To obtain this service, a customer must:

- Complete a disabled waiver form for backdoor collection service.
- Furnish a physician's statement, for each member of the household, verifying that he/she is physically unable to take the receptacles to the curbside/roadside.
- Attest that there is no one residing in the home that is able to take the receptacle to the curbside/roadside.

Waivers, if approved, are good for one year only and must be reapplied for annually. Waiver forms are available in Town Hall, 832 Main Street, North Wilkesboro.

Town of North Wilkesboro
Request for Backdoor Collection Waiver Form

The Town of North Wilkesboro is replacing backyard garbage collection with curbside collections since curbside is the safest, most efficient, equitable and economical way for the Town to collect solid waste. As part of this change, the Town has distributed rolling carts to town residents for their household garbage. Residents will need to roll their cart to and from the curb each week. If your doctor feels that you are physically unable to bring your cart to and from the curb, and no one else lives with you that are able to take the cart to the curb, you may request that the Town help you by rolling your cart to and from the curb for you.

Please complete this Request for Backyard Collection Waiver Form and return it to the Sanitation Supervisor. Please note that this form must be signed by your doctor and updated annually, that you are not physically able to participate in curbside collection.

Customer Information

Customer Name _____
Street Address _____
Phone Number _____

Because I am physically unable to bring my cart to the curbside/roadside and no one lives with me that is able to do so, I am requesting the Town to assist me by rolling my cart to and from the curbside/roadside each week.

Customer signature: _____ Date: _____

Physician Information

It is my professional opinion that my patient _____, is physically unable to participate fully in the Town of North Wilkesboro's curbside collection program and, therefore, should be given the assistance as requested above.

Physician's name and signature: _____ Date: _____

Please return the completed form to:
Town of North Wilkesboro
Steve Shumate, Sanitation Supervisor
P O Box 218
832 Main St
North Wilkesboro, N. C. 28659
336-667-7120, ext. 3121

Approved: _____ Date: _____
Disapproved: _____ Date: _____