



7/22/2015

BACKYARD GARBAGE COLLECTION REQUEST

Name: _____ Age: _____

Address: _____

Phone Number: _____ E-Mail: _____

Name and age of persons living at the address above:

1 _____ Age _____
2 _____ Age _____
3 _____ Age _____

This REQUEST applies to those households where no one is physically able to take the garbage cart to the curb for collection by the contractor. The undersigned hereby requests backyard garbage collection. My signature below further attests to the fact I am physically unable and there is no one living in my household who is physically able to transport a garbage cart curbside for collection.

Cart should be located where the crew can see it from the street and is easily accessed.

Location of cart: _____

Signed: _____ Date: _____

City Review:

By: _____ Date: _____

**PUBLIC WORKS AND UTILITIES DEPARTMENT
401 LAFAYETTE STREET
WILLIAMSBURG, VA 23185
757-220-6140 / FAX 757-259-3798
publicworks@williamsburgva.gov**