



APPLICATION FOR COLLECTION OF REFUSE OR RECYCLING FROM THE POINT OF STORAGE

This service is only available to those householders where, due to physical inability, illness or disability there is no one resident at the address that is able to carry the refuse to the normal collection point at the boundary of the property.

NAME:

ADDRESS:

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TELEPHONE:

Collection point: (must be outside the property)

Please give full explanation of why you have requested this service. This is to certify that because of the following:

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I am / we are physically unable to carry out the refuse to the correct position for collection. I / we have no other able bodied person residing at this address who can carry out the refuse for me / us. Please allow 10 days for your request to be processed.

Signature Dated

TO BE CERTIFIED BY A DOCTOR, HEALTH VISITOR, DISTRICT NURSE OR PERSON OF SIMILAR MEDICAL AUTHORITY

I CERTIFY THAT THE ABOVE STATEMENT IS A TRUE RECORD OF THE APPLICANTS SITUATION

Signature Dated

OFFICIAL CAPACITY

NAME

ADDRESS

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Please complete and return this form to:
Customer Services, Dover District Council, White Cliffs Business Park, Dover, Kent CT16 3PJ