



APPLICATION FOR BACK DOOR COLLECTION SERVICE

Waste & Recycling
Special Assessment Department
10 Environmental Loop S
Winter Haven, FL 33880
Ph: (863) 284-4319 Fx: (863) 284-4321

PLEASE PRINT CLEARLY

Name of Applicant: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Parcel ID: _____

(Account Number on Tax Bill)

SWORN STATEMENT

COUNTY: _____

STATE: _____

Before me, the undersigned notary public authorized to administer oaths, personally appeared

_____, who, first being duly sworn, on oath deposes and states, as follows:

(Name of Applicant)

- 1) The Applicant has personal knowledge of the facts stated in this Application, Statement and supporting documents, and that all such facts are true and correct.
- 2) The Applicant has presented a certificate or other documentation from a licensed Medical Doctor or Osteopathic Physician to Polk County indicating I have a disability or other medical limitation that prohibits me from placing my Garbage and Recyclable Material containers curbside for standard collection service.
- 3) There is no able-bodied person living within my household on the Property that could assist in placing the Garbage and Recyclable Material containers curbside for collection.
- 4) By executing and submitting this Application, the Applicant authorizes Polk County's Residential Waste collector to enter his/her private property each scheduled collection service date to collect Residential Waste from the Garbage and Recyclable Material containers which the Applicant will position at a location on the Property which the County Waste & Recycling Division will determine with the Applicant.
- 5) The Applicant understands this Application in no way exempts Applicant from complying with any law, rule, regulation, or ordinance including without limitation those governing the collection and disposal of Residential Waste.
- 6) The Applicant acknowledges its receipt of Back Door Collection service is an accommodation, not a standard service, and the Applicant has no right to continued receipt of the service, that the Waste & Recycling Division may from time to time request the Applicant provide new or additional documentation to confirm the circumstances remain as stated herein, and that the Back Door Collection service may be discontinued if any statement herein is found to be inaccurate or if at any time the conditions to receive Back Door Collection Service are not satisfied.

7) The Applicant further acknowledges that qualification and receipt of Back Door Collection service in any one year does not establish a right or entitlement to receipt of such assistance in any subsequent year, or obligate Polk County to provide that service in any given year.

8) The Applicant understands (s)he is swearing or affirming under oath as to the truthfulness of the matters stated in this Application, that Polk County is relying upon the content of the Application in determining Applicant's eligibility for Back Door Collection Service, and that Polk County may seek any and all remedies for any false statements the Applicant knowingly makes or represents herein.

Signature of Applicant: _____ Date: _____

The foregoing instrument was sworn (or affirmed) and subscribed before me on this _____ day of _____,

20 _____, by _____, who is either _____ personally known to me;

or _____ has produced _____ as identification.

Signature of Notary: _____

Printed Name of Notary: _____

Notary Commission Number/ Expiration: _____