



**Request for Side-Door / Back-Door Garbage & Recycling
Service Application / Renewal Form**

Date: _____

I (name), _____, residing
at (address) _____, Pompano Beach, FL
330 ____, request side-door / back-door garbage pickup at my address.

My phone number is _____.

Please check off one option:

_____ I no longer wish to participate in the program. Effective immediately
I will place my waste at the curb.

OR

_____ There will be no cost to me for this service due to my disability.
(Please send proof of disability, by sending a copy of parking
placard or note from a doctor, when returning this request.)

OR

_____ I am no longer eligible for complimentary service; however, I would like
to continue receiving this service. I understand that there will be an
additional \$5.97 charge added to my monthly garbage bill. This service
can be discontinued at any time, by sending a written request.

I would like this service to begin on (date) _____.

Please return this letter of acknowledgement to:

City of Pompano Beach
Attn: Russell Ketchem
P.O. Drawer 1300
Pompano Beach, FL 33061
(954) 545-7011

Signature of Applicant

Date