

Assisted Collections

Residents that are unable to take their garbage and recycling carts to the curb for collection may qualify for assisted collection service.

General eligibility for services require that:

- You have residential service with Augusta Solid Waste.
- You are unable to take your garbage and recycling cart to the curb for collection due to mental or physical disability or health problems, medical verification may be required.
- You have nobody living in the home which can assist you.
- Your home is not located over 200 feet from the right-of-way.

To see if you qualify for Assisted Collection Services, please read and follow the instruction below:

1. Resident must have a physician complete the "Physician's Statement" section of the verification form.
2. Resident must sign and date the form.
3. Once completed, there are three ways to submit the form:
 - Mail the form to 4330 Deans Bridge Road, Blythe, GA 30805
 - Scan and email to solidwaste@augustaga.gov
 - Fax to 706-592-3255
5. Once the form is received, a representative from Augusta Solid Waste will contact resident to schedule an on-site visit.
6. After the on-site visit has been conducted, a final determination of service will be made. If approved, the resident must sign Consent for Entry form and the service start date will be determined.



VERIFICATION FORM FOR ASSISTED COLLECTIONS SERVICES

to be completed by resident requesting service

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

In accordance with the following physician's verification, I am physically unable to transport my garbage and recycling cart(s) to the curb for collection. I also verify that there is no other person living or working at my residence who is capable of transporting my garbage and recycling cart(s) to the curb.

Resident's Signature: _____ Date: _____

Phone Number: _____

PHYSICIAN'S STATEMENT *(to be completed by Attending Physician)*

It is my professional opinion that, _____, is physically unable to transport his/her garbage and recycling cart(s) to the curb for collection and requires assistance.

Check the appropriate option below:

____ It is my professional opinion that his/her disability is permanent.

____ it is my professional opinion that his/her disability is temporary.

* The temporary disability should last until _____.

Physician's Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

License ID #: _____ Phone Number: _____

It is against the law to willfully misrepresent information on this form. A violation of this shall be a criminal misdemeanor and subject to a penalty and/or imprisonment for each and every offense. Augusta Solid Waste will review and process each request and has the authority to end such service upon a reasonable basis stated in writing to the assisted collections service recipient.

Reevaluation of this request may be required by Augusta Solid Waste.

After receiving this form, you will be contacted by a representative from Augusta Solid Waste for an on-site visit.

RETURN THIS COMPLETED FORM:

Augusta Solid Waste
4330 Deans Bridge Road
Blythe, GA 30805

