



**Bret Stock PE, Director**  
600 East Walnut Street  
Dickson, TN 37055  
615-441-9508 Phone  
www.cityofdickson.com

**Back Door Sanitation Service  
Information Packet**

The Public Works Department offers weekly, back door collection for residents who are unable to bring their city issued cart container to the curb. Back door sanitation service is available to qualifying residents at no charge. Qualified residents are those individuals, because of a permanent or temporary disability, are unable to bring their refuse cart to the curb, and **who do not share a residence with an able-bodied person who can place and remove the cart from the curb.**

Please complete the enclosed forms:

- Citizen’s Request for Service Form
- Physician’s Statement for Back Door Service Form

and return them to the City of Dickson Public Works Department:

By mail: 600 East Walnut Street  
Dickson, TN 37055

Email: [jporter@cityofdickson.tn.gov](mailto:jporter@cityofdickson.tn.gov)

Fax: 615-446-4806

In order to aid eligible residents, the following forms are included as a part of this packet and are required to be completed and returned before back door service can begin.

**Please Note:**  
In order to continue back door service at no charge, all **temporarily** disabled residents will be required to re-submit forms annually.



**Bret Stock PE, Director**  
600 East Walnut Street  
Dickson, TN 37055  
615-441-9508 Phone  
www.cityofdickson.com

**Resident's Request for Service Form (Please Print:)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Please read the following statements carefully, and check each that apply to you.**

\_\_\_\_\_ I request back door sanitation service because I am unable to bring my refuse container to the curb, **and there is no able-bodied person residing with me who can move the cart container.**

**My reason for needing back door service is (check one):**

Permanently Disabled:

\_\_\_\_\_ I have a permanent physical disability.

\_\_\_\_\_ I understand I am required to complete a new request and provide a physician's statement annually.

Temporarily Disabled:

\_\_\_\_\_ I have a temporary disability and will need back door service until \_\_\_\_\_ (please provide ending date for back door service).

\_\_\_\_\_ I understand after my ending date back door service will be no longer be provided at my residence.

By signing this request form, you understand that the aid provided is for sanitation service only-yard waste collection is not included in this service. Also, that this service can be revoked at any time by the Public Works Department.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Bret Stock PE, Director**  
600 East Walnut Street  
Dickson, TN 37055  
615-441-9508 Phone  
www.cityofdickson.com

**Physician's Statement for Back Door Service Form (Please Print):**

For medical reason(s) my patient \_\_\_\_\_ is unable to and should not move their refuse cart to the curb each week. I have checked the current status of my patient – either permanently disabled or temporarily disabled. If temporarily disabled, I have also indicated how long my patient will need back door service provided to them.

\_\_\_\_\_ Permanently Disabled

\_\_\_\_\_ Temporarily Disabled

Ending Date for Back Door Service for Temporarily Disabled Patient: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**For Public Works Department Office Only:**

Resident's Request for Service Form Submitted and Complete: \_\_\_\_\_

Physician's Statement for Back Door Service Submitted and Complete: \_\_\_\_\_

Date Office Received Forms: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not Approved

Reason for Not Approved: \_\_\_\_\_