



**Hillsborough  
County Florida**

**SOLID WASTE MANAGEMENT**

PO Box 1110, Tampa, FL 33601-1110  
813-612-7718

**BOARD OF COUNTY  
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George Cassady

Dear Customer:

To qualify for the disability backdoor collection service, the customer and a licensed health care provider must complete and return the certification application to:

Hillsborough County Solid Waste Management  
Attention: Assessments  
PO Box 89637  
Tampa, Florida 33689-0410

Once your application has been approved, there will be no need to reapply. However, if your physical condition changes and you are able to deliver the solid waste to the curb, or should an individual twelve (12) years or older reside with you who can deliver the solid waste to the curb, you must contact the Solid Waste Department by telephone (813-272-5680) or U.S. mail within ten (10) days to advise us of the change in your eligibility for the disability backdoor service. The Solid Waste Department reserves the right to audit the roll for disability exemptions from time to time to verify that individuals receiving the exemption meet the minimum requirements.



SOLID WASTE DEPARTMENT  
BACKDOOR DISABILITY COLLECTION SERVICE APPLICATION

HEALTH CARE PROVIDER CERTIFICATION:

I certify that Mr. /Mrs. /Ms. (please print) \_\_\_\_\_ has a disability which significantly limits his/her ability to deliver solid waste to the curbside. The foregoing statement is true, correct, and complete to the best of my knowledge and my professional belief.

\_\_\_\_\_  
Signature  
(Physician, Physician Assistant, Nurse Practitioner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
License #

CUSTOMER CERTIFICATION: Property Tax ID/Folio # \_\_\_\_\_

I, (print name) \_\_\_\_\_ residing at (Property Address) \_\_\_\_\_ hereby attest that I am unable to deliver my own solid waste to the curbside. I understand that by signing below, I am authorizing the waste hauler to enter my private property to collect my residential waste from my back door at each regularly scheduled pickup. I further attest that there is no individual twelve (12) years of age or older who resides in the residence who can deliver the solid waste to the curbside. I also certify that, should my physical condition change such that I am able to deliver my solid waste to the curbside or should an individual twelve (12) years of age or older, who can deliver my solid waste to the curbside, take up residence with me, I will contact the Solid Waste Department by telephone at (813) 272-5680, or by U.S. Mail within ten (10) days and advise them of this change in my eligibility for the Backdoor Disability Collection Service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Contact # (\_\_\_\_\_) \_\_\_\_\_

The completed and signed form may be emailed to: [PublicUtilities@HCFLGOV.NET](mailto:PublicUtilities@HCFLGOV.NET)

Or mailed by US Post to:

Hillsborough County Public Utilities Department  
Attention: Francene Ross-Lewis (Solid Waste Assessments)  
PO Box 89637  
Tampa, Florida 33689-0410

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), Hillsborough County will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. Persons with disabilities who need an accommodation for this document should email [Hillsborough County ADA Officer](mailto:Hillsborough County ADA Officer) or call (813) 276-8401; TTY: 7-1-1.