Return Completed Form to Potts & Monger Sanitation, Inc. 18 Potts Road, Pine Grove Pa 17963 Phone: (570) 345-6201

Application for Backdoor/Side door Solid Waste Collection

(print or type)

Instructions: Applicant must provide the required information on the top portion of this form and applicant's physician must fill out remaining information.

Name of Applicant	
Address of Applicant	
Phone Number of Applicant	
Briefly state the reason for requesting backdoor collection service:	
I hereby testify on my honor, that there is no other adult or older adolescent living at the premises where I r household that could carry the weekly accumulation of residential solid waste to the roadside for normal co	
Signature of Applic	ant
*This Section to be filled out by Applicant's Physician	
Name, Address, and phone number of applicant's physician:	
2. Briefly describe applicant's medical condition that would prevent applicant from taking solic	I waste from
residence to the roadside.	
Si	gnature of Physician