RE: Application for Backdoor Garbage Collection

Dear Applicant:

You recently requested an application for Backdoor Garbage Collection service for Disabled Citizens.

The City ordinance which authorizes the change to curbside garbage service established two requirements which must be met before a disabled citizen can receive backdoor garbage service.

The City must be provided with a statement from a physician on the Physician’s Letterhead certifying that the applicant is physically unable to carry his/her garbage to the curbside for collection.

The Applicant must complete the Applicant’s Statement certifying that there is no one else in the household physically able to carry his/her garbage to the curbside for collection.

If you meet these requirements, please complete the enclosed application and have a Physician complete the Physician’s Statement on the Physician’s Letterhead and fax or mail to: City of Shreveport, Solid Waste Division, 1731 Kings Hwy., Shreveport, La. 71103.

If you have any questions, please feel free to contact me at 673-6300 or by email: monique.bruns@shreveportla.gov

Sincerely,

Monique Bruns
Administrative Assistant
Solid Waste Division
APPLICATION FOR BACKDOOR GARBAGE / RECYCLING COLLECTION
DISABLED CITIZENS
(Please print legibly or type)

Date: ___________________________

Applicant’s Name: ____________________________________________

Applicant’s Address: __________________________________________
SHREVEPORT LA __________

Phone Number: ___________________________ Other Number: ______

APPLICANT’S STATEMENT

I hereby certify that I am the individual listed on this application, and that I am unable to carry my
garbage to the curbside for collection. I further certify that there is no one residing with me who is physically
able to carry my garbage to the curbside for collection.

Applicant’s Signature: _________________________________________

PHYSICIAN’S STATEMENT:  ☐ Permanently Disabled  ☐ Temporarily Disabled Until
Release Date: ______________

I hereby certify that I have examined the applicant listed above, and that this individual is physically unable to carry
their garbage to the curbside for collection. I have checked the box above that best describes their disability and will
be able to provide any additional documentation if needed.

Physician’s Name: (PRINT ONLY) ________________________________
Office Address: ________________________________________________
Shreveport, LA Zip code ______
Office Phone: ___________________________ Fax: ___________________________

PHYSICIAN’S SIGNATURE: ______________________________________
DATE: ____________________________

**DO NOT WRITE BELOW THIS LINE **

COLLECTION DAY ____________________________