



**APPLICATION FORM
ASSISTED LIFT/BACK-DOOR REFUSE COLLECTION**

Applicant: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Registered Disabled with _____ Council

Nature of Disability: _____

Pension Book No./National Insurance No. _____

I certify that I qualify for a back-door collection of household refuse because I am unable to manage my refuse receptacle for kerbside collection due to my disability.

I confirm that there are no physically able adult persons residing at the above address that can manage the refuse receptacle on my behalf.

I declare that the information given on the application form is correct and I undertake to notify you immediately of any change in circumstances.

Date: _____ Signed: _____

Completed forms should be returned to:
Hart District Council,
Springwell Lane Depot,
Hartley Wintney, Hook, RG27 8BW
Tel: 01252 622122

NOTES:

In order to qualify for a back-door refuse collection, the Council will need to be satisfied that the applicant and all members of his or her household are disabled or elderly persons.

*Therefore, in order to process this application, it is **compulsory** that the applicant enclose a certificate or a note from a Doctor, or any other suitable qualified persons such as a Social Worker or Occupational Therapist, saying that in their opinion the applicant/all members of his/her household are disabled and because of his/her disability a special back-door refuse collection is needed.*