

**BRUNSWICK COUNTY, NORTH CAROLINA**  
**SPECIAL ACCOMMODATION, TRASH SERVICE APPLICATION**

APPLICANT'S NAME:

SERVICE ADDRESS:

TELEPHONE:

The purpose of the County's "Special Accommodation Service" is to provide assistance to those residents where no one residing in the residence is physically able to get their household waste (Roll-Out Cart) to the (CURBSIDE) for the regular TRASH pick up service.

( ) *I formally request special assistance, service from either my backdoor, side door, garage area or other agreeable "pick-up" point for my County-provided, ninety-six (96) gallon, Roll/Out Cart in lieu of the standard roadside or curbside service. My request is due to a medical and/or physical disability.*

Is anyone residing within the residence physically able to push, roll or take household garbage to the "standard pickup location" at the roadside? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** (if the above answer is no, please state the nature of the disabilities of the person or persons residing within the residence on lines below.)

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**REQUIRED INFORMATION RELATED TO THE DISABILITY:**

- ( ) North Carolina or other, Handicap Identification Number (available): \_\_\_\_\_
- ( ) Enclosed is a written statement from my doctor to the County describing my disability and estimated duration thereof if temporary condition.
- ( ) Age related infirmities

**The above statement is a true and accurate statement and reflects the existing conditions regarding my application for special service.**

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Applicant's Signature

RETURN APPLICATION TO:

**WASTE INDUSTRIES, INC.**  
**P.O. BOX 349**  
**SUPPLY, NC 28462**  
**Tel.: 910-253-4177, Fax: 910-253-4179**

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DISAPPROVED

\_\_\_\_\_  
Date of Approval/Disapproval

\_\_\_\_\_  
Waste Industries Representative

**Your verification of approval / disapproval will be mailed to you at your listed address.**

**BRUNSWICK COUNTY, NORTH CAROLINA**  
**SPECIAL ACCOMMODATION, TRASH SERVICE REQUIREMENTS**

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

- In order to service a handicapped resident, Waste Industries truck must have safe and adequate access on the roadway.
- Trash cart must be easily accessible to the driver i.e. no locked gates, dogs or other obstructions.
- “All” trash must be properly (adequately) bagged.
- “Syringes” MUST be placed in a closed hard plastic container.
- Resident MUST notify Waste Industries of any change in their handicapped status.

**Waste Industries, Inc.**  
**2809 Galloway Rd. Bolivia, NC 28422**  
**Phone: 910 – 253-4177**  
**Fax: 910 – 253-4179**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
WI Representative