



City of Hendersonville, Public Works Department
 101 Maple Drive North
 Hendersonville, TN 37075
 615-822-1016

MEDICAL EXEMPTION FOR BACKDOOR TRASH SERVICE

This form is only to be used for medical exemptions for backdoor trash service provided by the City on/after July 1, 2024.

PART 1 – CUSTOMER SERVICES AND FULL RELEASE

Customer Name: _____

Service Address: _____

I, the undersigned, hereby request solid waste backdoor collection service. I certify that I am the Occupant of the property listed above and that there is no able-bodied person living in the home.

The undersigned hereby grants permission to the City of Hendersonville for its agents and equipment to enter upon the land located at the address to perform all necessary activities in order to accomplish the foregoing purpose at the discretion of the City of Hendersonville.

The undersigned hereby releases and discharges the City of Hendersonville and its agents from any and all liability for injury or damage of any kind to the person and/or property of the undersigned or any other person(s) or entities arising out of the City of Hendersonville’s providing of the services requested.

This request and release, including all terms and conditions herein, shall be binding upon the undersigned and the heirs, legal representatives, assigns, family members, agents and employees of the undersigned.

Name	Signature	Date (MM/DD/YY)
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PART 2 – PHYSICIAN CERTIFICATION

Patient Name: _____

I, the undersigned, hereby certify that the above-listed individual is a physically challenged and/or elderly customer with infirmities or permanent restrictions, and I am requesting that the individual be provided backdoor trash service.

Physician Name	Physician Signature	Date
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Medical License Number	Issuing State
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Completed forms can be dropped off at City Hall, emailed to pw@hvilletn.org or faxed to (615) 264-5327. We recommend calling to confirm of receipt of email or faxed forms.