



All-America City

HARTSVILLE

South Carolina
Public Works Department

RETURN TO CITY OF HARTSVILLE

Environmental Services
500 Poole Street
PO Box 2497
Hartsville, SC 29551

APPLICATION FOR SPECIAL COLLECTION SERVICES

*****To be filled out by your Doctor*****

NAME: _____ DATE: _____

STREET ADDRESS: _____ SUBDIVISION: _____

TELEPHONE NUMBER: _____

PLEASE STATE REASON FOR REQUEST:

PLEASE SPECIFY REQUEST: (EX. Collect roll cart from side or rear of house)

HOMEOWNERS SIGNATURE: _____ DATE: _____

MEDICAL DOCTOR'S SIGNATURE: _____

DATE: _____ TELEPHONE NUMBER: _____