



TOWN OF HOPE MILLS

5770 Rockfish Road
Hope Mills, North Carolina, 28348
Telephone (910) 424-4555 ext 3380 Fax (910) 424-4902

APPLICATION FOR SPECIAL SERVICES

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Reason for Request: _____

*Some handicap or eligibility conditions may require medical verification.

Other persons living with you:

Name: _____ Age: _____

Name: _____ Age: _____

Special Services Requested: (Check appropriate item)

_____ Weekly – Backdoor service, roll out cart pick up.

_____ Weekly – Bag exemption for loose piles of leaves, pine straw, pinecones, and grasses at curbside.

_____ Monthly – Bulk yard waste pick up at no charge.

Applicant's Signature: _____ Date: _____

Public Works Director: Approved _____ Disapproved _____ Date _____

This completed form should be returned by mail or dropped off at the Town Hall. Completion of this form does not constitute its approval. A visit by the PW Director will determine the validity of the request.