

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information contained on this form is collected under the FOIPPA and will be used only for the purposes of responding to your request.

PART 1: APPLICANT INFORMATION

Date: _____ Full Name: _____

Property Address: _____ Postal Code: _____

Phone Number: _____ Email: _____

New Application **OR** Renewal

Nature of Disability: _____ Number of Persons living in household: _____

PART 2: GARBAGE SERVICE CHANGES

I understand that collection crews will enter my private property to move a solid waste collection cart to the curb for collection and return it to the property. I as occupier of the above property hereby apply for this service and agree to the following conditions:

- The occupier of this property has a permanent physical disability that prevents him/her from moving the cart to and from the collection point and does not have an able-bodied person to help them with this activity;
- The occupier must provide written proof of permanent physical disability, or have your doctor sign the verification of disability section;
- The cart shall be freely accessible and not to be placed inside closed buildings or a gated area;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- The City is not responsible for any damage to private property resulting from the executing of this service.
- The City reserves the right to contact the applicant for a renewal to ensure that service is still required at any time.

I certify that the information I have provided is true and accurate.

Application Signature _____ Date _____

MEDICAL DOCTOR ONLY - charges may apply (City is not responsible for these charges)

I certify that my patient: _____

has a permanent physical disability and is unable to move a solid waste collection cart to and from the collection point.

Doctor Signature: _____ Date: _____

Doctor Full Name (PRINT): _____ Phone: _____

Mailing Address: _____

OFFICE USE ONLY

Application approved: Yes No Date Received: _____

Date Approved/Rejected: _____

Signature of Director of Operations: _____