

APPLICATION FOR GARBAGE CART SET-OUT SERVICE

This **confidential garbage cart set-out service application** is for residents who are physically unable to get their garbage cart to the curb for collection. This service does not apply to filling the cart, to the collection of additional items of garbage, or to leaf & yard waste collection or any other curbside service. The empty garbage cart will be returned to the designated location after contents have been collected. To be eligible for this set-out service, the resident must meet the following requirements:

1. Must live in a single family home.
2. Must currently receive curbside garbage collection provided by the City of Thunder Bay.
3. Must be fully participating in the curbside recycling collection program.
4. Does not have others in the household, outside personal assistance or other support physically capable of moving the garbage cart to the curb.
5. Must provide a registered medical professional's signature verifying the resident is physically incapable of moving the material to the curb. All fields must be filled out below, and a note from a registered medical professional must be included verifying your need for the service.
6. Must agree to a visit from a City of Thunder Bay employee to assess set-out location.

Application information (please print)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

The location for the collection of your garbage cart must be visible from the roadway, easily accessed at ground level, free of obstructions and obstacles, and within 50 metres of the roadway. The collection location will be approved by the City of Thunder Bay on a case-by-case basis.

Describe preferred collection location (e.g., in front of garage):

Delegate information (if applicable)

Are you completing this application on behalf of a resident who requires garbage cart set-out service due to a permanent or temporary physical disability?

☐ Yes ☐ No

If yes, state your relationship to the applicant requesting the set-out service:

Delegate name: _____

Delegate address: _____

Postal code: _____ City: _____

Email address: _____ Telephone: _____

Terms and Conditions

☐ I confirm that there are no others in the household, outside personal assistance or other support persons physically capable of moving the garbage cart to the curb

☐ I grant permission to City of Thunder Bay employees to access my property to provide this service and will not hold these entities liable for any damage to my private property resulting from the executing of this service

- ☐ I acknowledge that this service applies to the garbage cart only; the service does not apply to filling the cart, and does not apply to the collection of leaf & yard waste, additional items of garbage, or any other curbside service
- ☐ I acknowledge that the garbage cart must be visible to the waste collection workers from the road, must be accessible at ground level, and be placed no more than 50 unobstructed metres from the roadway, as determined on a case-by-case basis by the City of Thunder Bay
- ☐ I acknowledge that participation in the curbside recycling program (administered by GFL Environmental) is required, and agree to participate in this program or my set-out service may be withdrawn
- ☐ I acknowledge that this application must be renewed every year, and I permit the City of Thunder Bay to contact me for a renewal or to ensure that the service is still required
- ☐ I acknowledge that I am required to notify the City of Thunder Bay if I move, change my address, or no longer require the service
- ☐ I acknowledge that this support program will be terminated if I fail to comply with the program requirements

Medical Professional's Confirmation

Attach a note signed and dated by a regulated medical professional (e.g., doctor, home care nurse) on the professional's letterhead, which includes your medical professional's name, address and phone number and acknowledges and certifies that you require garbage cart set-out service due to medical circumstances. It is not necessary for the medical professional to state the reason why the exception is necessary on their note.

City of Thunder Bay Section (to be completed by City Staff)

- ☐ Application approved ☐ Application denied

Notes: _____

Staff name: _____ Staff signature: _____

Date: _____

Important Information

- It is the responsibility of the resident/delegate to renew the garbage cart set-out service on the yearly anniversary date. A new application form and medical professional's note must be provided for renewal.
- The anniversary date for the garbage cart set-out service is considered to be one year from the most recent date the set-out service was granted. This information will be noted on the approval form you will receive if the set-out service is granted.
- Please keep a copy of this form for your personal records.

I declare that the information I have provided on this application form is true and accurate, and I agree to the terms and conditions specified herein.

Applicant/Delegate signature

Date

*Personal information on this form is collected for the purpose of conducting a garbage cart set-out service, under the authority of the **Municipal Act, 2001, SO 2001, c 25, s 8(1), 9, and 10(2), ss 6 and 7**. The information will be used by staff of the Corporation of the City of Thunder Bay only in the administration of the garbage cart set-out service, and to communicate with you regarding the service. Questions regarding the collection, use and disclosure of your personal information can be directed to the City of Thunder Bay, Supervisor – Solid Waste Collection, 807-474-4807.*

Mail this form and medical professional's note to:

City of Thunder Bay, Solid Waste & Recycling Services
410 Mountdale Ave
Thunder Bay, ON
P7E 6G8

Or, email form and medical professional's note to: heather.marx@thunderbay.ca