

APPLICATION FOR MEDICAL EXCEPTION – SOLID WASTE COLLECTION

This application is for City of Thunder Bay households which may need to set out more than the weekly garbage item limit due to medical circumstances. If you receive or are eligible to receive residential curbside waste collection services, you may apply to increase the limit of waste to a maximum of four (4) items per collection day* on the basis of medical circumstances and will be required to affix the additional items of garbage with approved item tags. Approved applicants may be provided up to a maximum of 52 item tags covering a period of no longer than 12 months, after which re-application must be made.

In order to eligible for the exemption, you must fill out the information below, as well as have your medical condition verified by a medical professional.

*If you reside in a City area that receives automated cart collection for garbage, you may put out your garbage cart plus up to two (2) additional tagged garbage items, placed beside your cart.

Resident Information (please print)

| First Name | Look Name | |
|-------------------------------|-------------------------------|---------------------|
| First Name: | Last Name | 2: |
| Street Address: | | |
| City: | | _ Postal Code: |
| Collection Location (if diffe | rent from address): | |
| | | |
| Phone Number: | Email: | |
| Number of Special Garbage | e Bag Tags (<i>max 52</i>): | |
| This application is a: | New Application | Renewal Application |
| Please select a pick-up or d | elivery option: | |
| | | |

____ I will pick-up the tags (please note that the City will contact you when the tags are ready).



Please mail the tags (please note that the City will not be responsible for tags delayed or lost in the mail).

Terms and Conditions

| I acknowledge that this exemption will only be used for additional waste due to r circumstances that cannot be disposed within my regular weekly garbage item limit collection address listed above. | |
|--|------------|
| I acknowledge that the medical waste will be non-hazardous | |
| I acknowledge I will endeavour to reduce my waste by fully participating in the Conversion and recycling programs. | ty's waste |
| I acknowledge the garbage item tags are for use by the above noted resident add and cannot be transferred or re-sold. | ress only |
| I acknowledge that I am required to notify the City if I move | |
| I acknowledge that this support program will be terminated if I fail to comply wit program requirements | n the |

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 generate extra waste due to medical circumstances and that the waste is non-hazardous.

Important Information

• Garbage item tags will be mailed directly to the resident address provided. Once all provided item tags are used, the resident address will not be provided with additional tags until they re-apply for the exemption after one (1) year.



- It is the responsibility of the resident to renew the exemption on the yearly anniversary date. A new application form and medical professional's note must be provided for renewal.
- The anniversary date for the exemption is considered to be one year to the day in which the exemption was granted. This information is noted on the letter you will receive with your tags if an exemption is granted.
- It is not necessary for the medical professional to state the reason why the exemption is necessary on their note.
- Please keep a copy of this form for your personal records.

| conditions specified herein. | | | |
|------------------------------|----------|--|--|
| | | | |
| Applicant signature | Date | | |

I declare that the information provide is true and accurate and I garee to the terms and

Personal information collected on this form, including your name and address, is collected under the authority and accordance with the Municipal Freedom of Information and Protection of Privacy Act. Your personal information will be used by staff of the Corporation of the City of Thunder Bay in the administration of the medical exception for garbage bag tags. Questions regarding the collection, use and disclosure of your personal information can be directed to: Jason Sherband, Manager – Solid Waste & Recycling Services, 807-625-3851.

Mail this form and practitioner's note to:

City of Thunder Bay, Solid Waste & Recycling Services Section

Victoriaville Civic Centre

111 Syndicate Avenue S

PO Box 800

Thunder Bay, ON, P7C 5K4

Or email form and practitioner's note to: jsherband@thunderbay.ca