

## 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.

To be eligible for the exemption, you must fill out the information below, as well as have your medical condition verified by a medical practitioner.

### Resident Information (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Collection Location (if different from address):  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Special Garbage Bag Tags Required (*max 52*): \_\_\_\_\_

This application is a:            New Application            Renewal Application

Please select a pick-up or delivery 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 medical circumstances that cannot be disposed within my regular weekly garbage item limit at the collection address listed above.

I acknowledge that the medical waste will be non-hazardous

I acknowledge that the medical waste will be bagged

I acknowledge I will endeavour to reduce my waste by fully participating in the City's waste diversion and recycling programs.

I acknowledge the garbage item tags are for use by the above noted resident address only and cannot be transferred or re-sold.

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 with the program requirements

## Medical Practitioner's Confirmation

Attach a note signed and dated by a regulated medical practitioner (e.g. doctor, home care nurse) on the practitioner's letterhead, which includes your medical practitioner'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

- 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 practitioner 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 practitioner to state the reason why the exemption is necessary on their note.
- Please keep a copy of this form for your personal records.

### Permanent Disability Notification

Attach a note signed and dated by a regulated practitioner (e.g. doctor, home care nurse) on the practitioner's letterhead, which includes your practitioner's name, address and phone number and acknowledges and certifies that you generate extra waste due medical circumstances and the waste is non-hazardous. A one-time note is required only, but the note must indicate that the disability is permanent and the need for extra waste as a result of the disability is required permanently. All other terms, conditions and important information within this medical exemption form must be adhered to in its entirety, including the requirement to renew the exemption on the yearly anniversary date.

***I declare that the information provided is true and accurate and I agree to the terms and conditions specified herein.***

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**Applicant signature**

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**Date**

*Any personal information we collect is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance 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 exemption 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  
Victoriaville Civic Centre  
111 Syndicate Avenue S  
PO Box 800  
Thunder Bay, ON, P7C 5K4

**Or email form and practitioner's note to: [jason.sherband@thunderbay.ca](mailto:jason.sherband@thunderbay.ca)**