

Application for Waste Collection Exemption for Medical Reasons

This application is for Cranbrook residents who may need to set out more than the three (3) garbage bags / prefabricated containers per week limit, due to a medical condition.

Please complete both sides of the form and return to:
Attention: Tax Clerk, Finance and Computer Services Department:

CONFIDENTIAL

- by: 1) Mail: City of Cranbrook
40 – 10th Avenue South
Cranbrook, British Columbia V1C 2M8
- 2) Fax: 250-426-4026
- 3) email: taxclerk@cranbrook.ca

Please mark correspondence “confidential”

1. RESIDENT INFORMATION (please print)

Please check if this is a renewal application

Last Name: _____	First Name: _____
Address : _____	City: _____
Postal Code _____	Telephone number: _____
Email (optional) _____	Collection zone: _____

If your application is approved, you will be issued 25 special tags to affix to your extra bags. Tags can be picked up from City Hall, 40 – 10th Avenue South Cranbrook from 8:30 am to 4:30 pm Monday through Friday, or mailed directly to your home.

Please indicate if you would like to pick up your tags, or have them mailed to you:

- Pick up tags (The City will contact you when they are available for pick up)
- Tags mailed to your home (Please note the City of Cranbrook will not be held responsible for tags delayed or lost in the mail)

Terms and conditions:

- I acknowledge that this allowance is due to a medical condition only, and that no other waste will be placed in the bag/can. Biomedical waste including needles and/or blood is not permitted.
- The garbage tags are for use by the above noted resident only and cannot be transferred or re-sold.
- If the exemption is no longer required I will notify the City of Cranbrook and return any remaining tags.
- I will notify the City of Cranbrook if I move.
- This application must be renewed annually.
- A doctors signature is only required every two years.
- The City of Cranbrook will not be responsible for lost or stolen tags

I agree to the terms above and hereby certify that the information provided is true and accurate.

Resident Signature: _____ Date Signed: _____

Certification by Physician (on reverse)

Date Application Received: _____	Expiration of Application: _____
City Official: _____	Expiration of Physician Certification: _____

OFFICE USE ONLY

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(Continued)**

CONFIDENTIAL

2. CERTIFICATION BY PHYSICIAN (Only required every two years from initial application):

Physician Name: _____

Address : _____

Postal Code _____ Telephone Number: _____

This is to certify that the above named resident's medical condition results in the generation of additional garbage, and therefore will require an exemption from the weekly three garbage bag/ can limit. It is not necessary for the physician to state the reasons why the medical exemption is required.

Physician Signature : _____ Date: _____

Patient Name: _____

Notice with Respect to the Collection of Personal Information

Personal Information and Personal Health Information requested on this form is collected as a necessary part of the administration of waste management collection services by the City of Cranbrook pursuant to its legal authority as set out in The City of Cranbrook Solid Waste Collection and Disposal Bylaw No. 3744, 2012. Collection, use and confidentiality of the personal information will be according to the standards in the *Freedom of Information and Protection of Privacy Act* and the information will be used for the purpose of eligibility for specialized service only.

For further inquiries about the handling of your personal information, please contact:

Attention Information and Privacy Coordinator
City of Cranbrook,
40 – 10th Avenue South
Cranbrook, BC, V1C 2M8

Phone: (250) 426-4211

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

1. If your application is approved, twenty-five (25) tags per year will be provided at no charge to affix to the extra bags/cans of waste over the three bags/prefabricated containers weekly limit.
2. This exemption is for waste generated due to a medical condition only, and no other waste will be placed in the bag.
3. Each bag of waste above the three bags/prefabricated containers weekly limit must be tagged in order for the extra bags/cans to be collected.
4. The tags provided for medical exemption are for use solely by the applicant and cannot be transferred or re-sold.
5. All garbage receptacles must be at the curb no later than 7 a.m. on your scheduled collection day. Garbage receptacles must not exceed 100 litres.
6. If the exemption is no longer required I will notify the City of Cranbrook and return any remaining tags.
7. I will notify the City of Cranbrook if I move.
8. This application must be completed annually on the anniversary date for continued service. You are responsible for submitting a renewal form.

Please note below the application date for your records.

Date of application : _____

9. Certification by a physician is required every two years.
Please note date of physician certification below for your records.

Date of application : _____