

# Application for Waste Collection Set Out / Set Back Service for Medical Reasons

This application is for Cranbrook residents who have a permanent physical disability and are unable to move a garbage collection cart to and from the collection point.

Please complete both sides of the form and return to:  
Attention: Project Manager, Public Works

**CONFIDENTIAL**

- by: 1) Mail: City of Cranbrook  
40 – 10<sup>th</sup> Avenue South  
Cranbrook, British Columbia V1C 2M8
- 2) Fax: 250-426-4026
- 3) email: solid.waste@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, an alternative pickup location will be identified, or City Staff will place out your collection bin and return your collection bin on garbage day. The City will confirm the status of your application with you.*

**Terms and conditions:**

- Collection crews will enter my private property to move a solid waste collection cart to the curb for collection and return it to my property.
- The occupier of this property has a permanent physical disability that prevents them 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.

**Number of persons living in household:** \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

**Certification by Physician (on reverse)**

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



# Application for Waste Collection Set Out / Set Back Service for Medical Reasons (Continued)

2. CERTIFICATION BY PHYSICIAN (Only required for initial application).

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Physician Name: \_\_\_\_\_

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

Postal Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***This is to certify that the above named resident's medical condition results in the inability to move a garbage cart to and from the collection point. It is not necessary for the physician to state the reasons why the medical exemption is required.***

***Please note that your doctor may charge for this service, and that you are responsible for paying any costs involved in getting this information.***

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 – 10<sup>th</sup> Avenue South  
Cranbrook, BC, V1C 2M8

Phone: (250) 426-4211

## Application for Waste Collection Set Out / Set Back Service for Medical Reasons (Continued)

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### PLEASE KEEP THIS PAGE FOR YOUR RECORDS

1. If your application is approved, the City will contact you to identify an alternative collection location (ex: back alley) or discuss the garbage collection set out/set back service.
2. This exemption is due to a physical disability and an able-bodied person is not available to assist the resident.
3. If the exemption is no longer required I will notify the City of Cranbrook.
4. I will notify the City of Cranbrook if I move.
5. 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 : \_\_\_\_\_