



A Natural Attraction

# Medical Condition Exemption Application

This application is for residents of the City of Quinte West with a medical condition to apply for an exemption to the curbside waste collection garbage bag limit/fee. To be eligible, applicants must provide proof of living in Quinte West and have a medical condition that is verified by a medical professional.

Approved applicants will receive 52 medical exemption garbage tags per year (January-December, 1 extra bag per week) and will be prorated at the time the application is submitted. To renew, an application has to be completed every year by December 15<sup>th</sup> for the following year.

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal code: \_\_\_\_\_

\*Please confirm that the address above is the curbside location that will have the extra waste to be collected

### Important Information:

1. Please attach this sheet with a note signed and dated by your medical professional (e.g. doctor, home care nurse) which includes your medical professional's name, address and phone number, and acknowledges and certifies that you generate extra garbage due to a medical condition. It is not necessary for the medical practitioner to state the reason why the exemption is necessary on their note.
2. Attach a scanned copy or photo of proof of your current residence, such as a utility bill or driver's licence
3. It is the responsibility of the resident to renew the exemption every year. A new application form and medical practitioners note must be provided for renewal.

### Agreement - Terms and Conditions

I acknowledge that:

- If the exemption is no longer required, I will notify the City and return any remaining tags. I will not give away or sell tags.
- I will notify the City if I move, and give the change of address.
- I will use these tags to set out only non-hazardous medical waste such as dialysis tubing and incontinence products at my home following the City's collection requirements.
- I understand that the City may change the garbage bag/can limit and other curbside collection requirements.
- I will not set out hazardous/bio-medical waste including syringes and unused medication for curbside collection. Instead, I will properly dispose of this waste.
- I will endeavour to reduce my waste by fully participating in the City's Blue Box and Green Bin programs.
- By completing this application, I give the City of Quinte West permission to contact me and my medical professional to certify that the information provided is true and accurate.

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

### For Office Use Only:

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Public Works and Environmental Services

Date of Commencement: \_\_\_\_\_

Notice with Respect to the Collection of Personal Information. Personal Information collected on this form is collected under the authority of the *Municipal Act* and handled in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Your personal information will be used by staff of The City of Quinte West in the administration of the medical exemption for garbage tags. Questions regarding the collection, use, and disclosure of your personal information can be directed to the Public Works Department, 613-392-2841 x4912