

# Application for a Garbage Container Limit Exemption for Medical Reasons

Please complete and return this form by mail, fax or email:

**Mail:** Attention: Garbage Exemptions  
Niagara Region Waste Management Services  
1815 Sir Isaac Brock Way, PO Box 1042  
Thorold, ON L2V 4T7

**Fax:** 905-687-8056  
**Email:** garbageexemptions@niagararegion.ca  
Please mark correspondence “confidential”.

This **confidential** application is for households requiring additional, weekly collection of non-hazardous waste generated as a result of a medical condition. Waste may be combined with the waste collected under the residential curbside limit of two bags/cans collected every-other-week. In order to be eligible to set out additional garbage containers with an approved tag each week, your household must meet the following requirements:

1. Must be a single family home or an apartment building with six or fewer units
2. Must currently receive curbside collection provided by Niagara Region
3. Must be fully participating in the Green Bin and recycling program each week
4. Must have a verifiable medical condition that results in the generation of additional unavoidable waste
5. Must provide a physician or certified health care provider’s signature verifying the medical condition initially, and every seven years from the year of initial application
6. Must not be able to accommodate the additional waste generated from the medical condition within the two garbage container limit collected every-other-week

## I confirm and agree to the following

- My household generates non-hazardous medical waste as a result of a medical condition that cannot fit within the two bag/can limit collected every-other-week
- My household is fully participating in the Green Bin and recycling programs on a weekly basis

## Applicant information (person with a medical condition)

Is this a new application or a renewal application?

New                  Renewal

For renewal applications, do you need additional tags at the time of this renewal?

Yes                  No

Applicant’s name (please print):

Address:

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Postal code:

City:

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Telephone:

Email address:

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## Medical waste tags

If your application is approved, you will be issued a supply of special tags to affix to your extra bags/cans of garbage. Tags will be mailed directly to your home. Niagara Region will not be held responsible for tags delayed or lost in the mail.

## Delegate information (if applicable)

You are a delegate if you are completing this application on behalf of a resident who requires a garbage exemption due to a medical condition.

State your relationship to the resident with the medical condition:

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Delegate last name:

Delegate first name:

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Address:

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Postal code:

City:

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Telephone:

Email address:

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## Terms and conditions

### I acknowledge the following:

- This exemption is only required for additional waste, generated as a result of a medical condition, that cannot be disposed of in the regular two container collection limit collected every-other-week. This allowance is due to a medical condition only, and that no other waste will be placed in the bag can
- Only non-hazardous medical waste such as adult incontinence products, dialysis tubing, catheters, medical and first aid supplies can be set out curbside for collection
- Hazardous waste such as sharps, needles, syringes, lancets and pre-filled pens are to be placed into an approved puncture proof container and dropped off at a participating pharmacy or Niagara Region Household Hazardous Waste Depot. There is no curbside collection for these items.

- The following items must be double bagged before disposal in the garbage:
  - Dialysis waste (for example: filters, disposable towels and sheets)
  - IV bags and tubing, gastric and nasal tubes
  - Soiled dressing, sponges and gauze
  - Catheters
  - Ostomy bags (empty contents prior to disposal)
- The garbage tags cannot be used by anyone else other than the resident with the medical condition at the noted address. The tags cannot be transferred or sold.
- If the exemption is no longer required you must notify the Niagara Region and return any remaining tags
- You must notify the Niagara Region if you move
- Weekly participation in Niagara Region’s Green Bin program and Circular Materials’ recycling program are required. Visit [niagararegion.ca/waste](https://niagararegion.ca/waste) to find out more information about the Green Bin program or [circularmaterials.ca/niagara](https://circularmaterials.ca/niagara) for more information about the recycling program.
- This exemption must be renewed annually in February for continued service. A renewal application will be sent to you prior to expiry of this service. Upon initial application, you may be issued more or less than a one year supply of tags to bring you in line with the next February renewal date.
- Medical verification is only required every seven years
- All eligible materials must be at the curb no later than 7 a.m. on your scheduled collection day. Garbage bags /cans must not exceed 91 cm (36”) in height by 61 cm (24”) in diameter and not weight more than 22.7 kg (50lbs) when full.
- Garbage must be bagged when placed inside of garbage containers. Material cannot be loose
- Garbage bags placed inside a container must not exceed the lip of the container
- All garbage cans shall have handles on the outside of the container. For garbage cans with lids, the lid must be fully removable.
- I agree that any personal information provided here may be shared with your third party contractor, in order to provide me with this service. I understand that this information will not be shared with any other party and will only be used to contact me with regards to my application.

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

Signature of resident or authorized delegate (signature is required for application):

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Date (mm-dd-yyyy):

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**Certification of physician or certified health care provider**

**This section is only required every seven years from the year of initial application**

Name of physician or certified health care provider:

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Address (Office/Employer):

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Postal code:

Telephone:

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**Number of bags of waste, generated only as a result of a medical condition,  
required each week:**      1          2

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**I certify that the above named resident's medical condition results in the generation of additional garbage, and therefore will require an exemption from the limit of two garbage bags/cans every two weeks.**

Signature of physician or certified health care provider:

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Date (mm-dd-yyyy):

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Patient name:

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## **Notice with respect to the collection of personal information**

Any personal information or personal health information submitted will be collected, used, and disclosed, where applicable, by members of Regional staff according to the Municipal Freedom of Information and Protection of Privacy Act ([ontario.ca/laws/statute/90m56](http://ontario.ca/laws/statute/90m56) "Municipal Freedom of Information and Protection of Privacy Act) or the Personal Health Information Protection Act ([ontario.ca/laws/statute/04p03](http://ontario.ca/laws/statute/04p03) "Personal Health Information Protection Act). Any information you share will only be used for the intended purpose for which it was provided.

For questions or comments about privacy practices, or for more information about the administration of the Municipal Freedom of Information and Protection of Privacy Act in Niagara Region programs, see Freedom of Information and Open Government ([niagararegion.ca/government/foi/default.aspx](http://niagararegion.ca/government/foi/default.aspx))