

Application for Waste Exemption for Medical Reasons

This **confidential** application is for Niagara region residents who need to apply for additional, weekly collection for waste generated as a result of a medical condition. Residents must currently receive Regional curbside waste collection and live in a single family home or in an apartment with a maximum of six units.

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

Mail: Attention: Garbage Exemption Program
Niagara Region Waste Management Services
1815 Sir Isaac Brock Way, P.O. Box 1042
Thorold, ON L2V 4T7

Fax: 905-687-8056
Email: garbageexemptions@niagararegion.ca

Information about resident with 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

Last name:

First name:

Address:

Postal code:

Municipality:

Telephone:

Email:

If your application is approved, you will receive a supply of tags. Tags will be mailed to your residence. Please note that Niagara Region will not be held responsible for tags delayed, stolen or lost in the mail.

Delegate information (if applicable)

Are you completing this application on behalf of a resident who requires a garbage exemption due to a medical condition?

Yes No

If yes, state your relationship to the resident with the medical condition:

Delegate last name:

Delegate first name:

Address:

Postal code:

Municipality:

Telephone:

Email:

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
- That 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 Hazardous and Special Waste Depot. There is no curbside collection for these items.
- Please double bag these items before disposal in garbage:
 - Dialysis waste (i.e. 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 I will notify the Niagara Region and return any remaining tags
- I will notify the Niagara Region if I move
- Weekly participation in Niagara Region's Blue/Grey Box and Green Bin programs is required under the Waste Management By-law, and I agree to fully participate in these programs
- 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.
- I understand that 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 weigh more than 22.7 kg (50 lbs.) when full.
- 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*:

Date (yyyy-mm-dd):

*signature is required for application

Certification by physician

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

Physician name:

Address:

Postal code:

Telephone:

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

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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.

Physician's signature:

Date (yyyy-mm-dd):

Patient name:

Personal information collected on this form, including your name and address, is collected under the authority and in accordance with the Municipal Freedom of Information Act (MFIPPA). Your personal information will be used by staff of Niagara Region 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 **FOI@niagararegion.ca**.