Health Care Provider Form for Garbage Cart Limit Exemption for Medical Reasons

Applicant Information

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Email Address: _____ Telephone: _____

Please have your health care provider complete this form. Once completed, upload a scanned copy to accompany your application at norfolkcounty.ca/wastechanges.

If you require assistance, please contact ServiceNorfolk at 519-426-5870 x 0.

This **confidential** application is for households requiring additional, bi-weekly collection of non-hazardous waste generated because of a medical condition. Waste may be combined with the waste collected under the residential curbside limit of one (1) cart collected every other week.

Certification of certified health care provider

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

Name of certified health care provider: _____

Address (Office/Employer): _____

Postal Code: _____ Telephone: _____

I certify that the above-named resident's medical condition results in the generation of additional garbage and therefore requires an exemption from the limit of one (1) garbage cart every two weeks.

Signature of certified health care provider:

_____

Date (mm-dd-yyyy): _____

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Notice with respect to the collection of personal information

Any personal information submitted will be collected, used and disclosed, where applicable, by members of County staff according to the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act. Any information you share will only be used for the intended purpose for which it was provided.