

# **Application for Accommodation based on Disability for Solid Waste and Recycling Collection**

The City of Sarnia recognizes that some individuals need assistance and flexibility to set out solid waste and recycling. City Council has approved a provision to provide some flexibility and assistance for residents with medical conditions demonstrating a need for accommodation. By completing and submitting the following application, eligible properties will be provided with assistance and flexibility as required.

Residents must renew this application yearly on the date that the application is approved, unless permanent disability is verified below.

By completing and submitting this application, I hereby certify that the information provided is true and accurate. (Please print)

Please check if you are renewing a previous application.

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

Home address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please check the boxes that apply:

The resident of the household identified in this application has a medical condition that generates excessive solid waste.

There are no other able-bodied persons the age of twelve or over living at the residence.

The person has a disability and is unable to lift heavy bags or boxes

Please fill in where the waste will be placed (Ex. On the porch or in front of the garage)

The resident has assistance to get their waste to the street curb but requires flexibility when that waste is placed.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: PROOF OF DISABILITY MUST ACCOMPANY THIS APPLICATION.**

Proof may be an ODSP receipt, Disability Travel card, or a Doctors signature, or the signature of a medical practitioner including occupational or recreational therapist.

Name of Practitioner (Please Print) \_\_\_\_\_ Address \_\_\_\_\_

Signature of doctor or medical practitioner: I, \_\_\_\_\_ agree that the above resident requires the above assistance

permanently or  until approximately the following date \_\_\_\_\_ (m) \_\_\_\_\_ (yr)

Please send your completed application form to

Attention: Solid Waste Manager, Public Works, City of Sarnia, 255 Christina St. N Box 3018 N7T 7N2  
Fax: 519 332-3020

Personal information on this form is collected under the authority of the *Municipal Act, 2001*, and will be used to determine the qualifications of households requiring special consideration with respect to waste collection in the City of Sarnia. Questions about this collection should be directed to the Solid Waste Manager at the address above or call 519 332-0330. Correspondence should be marked "Confidential"