



Assisted Waste Collection Service Application Form

This application is for Town of Newmarket residents who are not physically able to carry their waste containers to the curb and who do not have an able-bodied person living with them who can take the waste containers to the curb.

Applicants must live in a single-family home and currently receive curbside municipal waste collection provided by the Town of Newmarket. This application must be completed and signed by your physician.

Complete and return this form by mail (in a sealed envelope) or by email:

Mail: Attention: Waste Program Coordinator
Town of Newmarket
Public Works Services
1275 Maple Hill Court
Newmarket, ON, L3Y 9E8

Email: wasteexemption@newmarket.ca

Resident Information

First Name: _____ **Last Name:** _____

Street Address: _____ **Town/City:** _____

Province: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

How long will assisted collection be required?

Permanent

Temporary **From:** _____ **To:** _____

I/we acknowledge and certify that:

- (a) My/our medical condition is such that I/we am/are unable to carry waste containers to the curb for collection.
- (b) No other person resides at the same address that is capable of placing the waste containers out for me/us.
- (c) No other person (friend/relative/contractor) is available to place out the waste containers for me/us.
- (d) I/we will notify the Town of Newmarket if any of the above conditions change.
- (e) I/we understand that the designated collection point(s) can only be approved by the Operations Manager or designate and must be complied with.
- (f) I/we understand that the waste container(s) used for curbside collection can only be approved by the Operations Manager or designate and must be complied with.

Note: if this application is approved, it will be subject to an annual review and the service may be terminated if the above conditions no longer apply.

Signature of Resident: _____ **Date:** _____

Collection of Personal Information

Personal information on this form is collected under the authority and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Your personal information will be used by staff of the Corporation of the Town of Newmarket in the administration of the assisted waste collection program and to contact you regarding your application. If you have any questions about the collection, use and disclosure of your personal information, contact the Town of Newmarket at 905-895-5193.

Physician's Certification (Please Print)

Patient's Full Name: _____

Physician's Name: _____

Street Address: _____ **Town/City:** _____

Province: _____ **Postal Code:** _____

Phone: _____ **Email:** _____

This is to certify that due to medical reasons the above-named resident(s) is/are not physically able to carry their waste containers to the curb for collection by themselves.

Signature of Physician: _____ **Date:** _____