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|  | WM – Garbage Cart Exemption Application | Waste Management |
| | Garbage Cart Exemption Application | |

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| Applicant Information | SECTION 1 |
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Name _____ Email _____

Address _____ Phone _____

Have you applied for a cart exemption before? No Yes, this is a renewal

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| Declaration (to be completed by the applicant) | SECTION 2 |
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My disability is: Long-term/Permanent Temporary, estimated duration: _____

By signing this declaration:

I confirm there is no one living at the same address that can take my cart to the curb for me;

I acknowledge this exemption only applies to the use of a garbage cart;

I understand the number of garbage bags allowed without the cart is four bags per week;

I acknowledge that I need to reapply for permanent service every three years;

I understand that I must advise the City immediately if I no longer need the service or if there is a change to any information on this application; and

I understand my application **must be supported with medical verification** from a healthcare provider or relevant professional (e.g., Disability Agency) and I have included this documentation with my application.

Signature of Applicant _____ Date _____

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| For Office Use Only | SECTION 3 |
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Support of relevant professional received: Yes No

Approved: Yes No

Signature of Approver _____ Date _____

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| Privacy Notice | SECTION 4 |
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Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to verify the need for a waste cart exemption. Questions about the collection and use of the information may be directed to the Supervisor of Waste Diversion by phone: 709-576-6146.

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| Please send completed form and supporting documentation to: | City of St. John's Waste and Recycling Division Attention Privacy Coordinator P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2 | For further information: Phone: 709-576-6146 Email: curbit@stjohns.ca |
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