

# Application for Waste Exemption for Medical Reasons

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  
Please mark correspondence “confidential”.

This **CONFIDENTIAL** application is for Niagara Region residents who may need to set out additional waste due to a medical condition. You may apply for a waste exemption only if you are unable to accommodate the waste generated as a result of a medical condition within the two bag/can limit of garbage per unit, and/or cannot hold on to the waste for a two week period. Residents must live in a single family home or in an apartment building with six units or less and currently receive curbside collection provided by Niagara Region.

## Resident Information

- Please check if this is a renewal application
- Please check if tags are not required at time of renewal

Last name of resident with medical condition:

First name of resident with medical condition:

Address:

Postal code:

Municipality:

Telephone:

Collection day:

Email:

If your application is approved, you will be issued special tags to affix to your extra bag(s). Tags can be picked up from Niagara Region headquarters, Public Works Department at 1815 Sir Isaac Brock Way, Thorold between 8:30 a.m. - 4:30 p.m. Monday through Friday, or mailed directly to your home.

**Please indicate if you would like to pick up your tags, or have them mailed to you:**

- Pick up tags (Niagara Region will contact you when they are available for pick up)
- Tags mailed to your home (Please note that Niagara Region will not be held responsible for tags delayed 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 garbage generated as a result of a medical condition that cannot be disposed within my regular household garbage that is collected every other week. The additional waste generated as a result of a medical condition does not have to be disposed of separately if a household can stay within the two bag/can garbage limit every other week.
- This allowance is due to a medical condition only, and that no other waste will be placed in the bag/can
- The garbage tags are for use by the above noted resident only and 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, if approved for an exemption due to medical needs
- This application **must** be renewed annually (by February for continued service)
- A physician's signature is only required every seven years. Please refer to the Certification by Physician section below.
- Niagara Region will not be responsible for lost or stolen tags
- 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.
- As of October 19, 2020, regular household garbage will only be collected every other week on my regular collection day

I agree to the terms above and hereby certify that the information provided is true and accurate.

Please check if Delegate is signing on behalf of resident with medical condition

**Signature of resident\*:**

**Date:**

\*signature is required for application

## Certification by Physician

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

Physician name:

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Address:

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Postal code:

Telephone:

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

1      2

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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:

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Patient name:

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## General Information

Please keep this page for your records.

1. If your application is approved, a one year supply of tags will be provided to affix to the bag(s)/can(s) of waste generated as a result of a medical condition, over the two bag/can limit every other week. (Please note that upon initial application, you may be issued more or less than a one year supply of tags to bring you in line with an annual February anniversary date.)
2. This exemption is for waste generated due to a medical condition only, and no other waste shall be placed in the bag.
3. Each bag containing waste generated as a result of a medical condition must be tagged in order for the bag(s)/can(s) to be collected.
4. The medical tags are for use solely by the applicant and cannot be transferred or sold.
5. As of October 19, 2020, regular household garbage will only be collected every other week on my regular collection day.
6. All eligible materials must be at the curb no later than 7 a.m. on your scheduled collection day, and must not be set out prior to 5 p.m. the night before your 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.
7. Weekly participation in Niagara Region's Blue/Grey Box and Green Bin programs is required under the Waste Management By-law. Please check your Collection Guide, call the Waste Info-Line at 905-356-4141 or 1-800-594-5542, or visit the Region's website at [niagararegion.ca/waste](http://niagararegion.ca/waste) to get more information about these programs.
8. If the exemption is no longer required I will notify the Region and return any remaining tags.
9. I will notify the Region if I move.
10. A renewal application must be completed annually by February for continued service. A renewal form will be sent to you prior to the expiry of this service. A physician's signature will only be required every seven years. Please note date of physician certification for your records.

Date of physician certification:

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11. If necessary, please report any service issues to our Customer Service Representatives at the Waste Info Line at 905-356-4141 or 1-800-594-5542.

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**Notice with Respect to the Collection of Personal Information:** Personal Information requested on this form is collected, used and disclosed as a necessary part of the administration of the waste management collection services under the authority of the By-law No. 2017-56. Collection, use and disclosure of the personal information will be in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Personal Health Information Protection Act (PHIPA), and the information will be used for the purpose of verification of eligibility for specialized service programming only.

Questions regarding the handling of your personal information should be referred to the Privacy Office at 905-980-6000, ext. 3779 or [FOI@niagararegion.ca](mailto:FOI@niagararegion.ca).