

# Application for Waste Exemption for Medical Reasons

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 one bag/can weekly limit of garbage per unit. Residents must live in a single family home or in an apartment building with six (6) units or less and currently receive curbside collection provided by Niagara Region.

**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](mailto:garbageexemptions@niagararegion.ca)

Please mark correspondence "confidential".

## 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: \_\_\_\_\_

Email: \_\_\_\_\_

Collection day: \_\_\_\_\_

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 (The 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 the resident with the 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 medical waste that cannot be disposed within my regular weekly garbage bag or can limit. Medical waste does not have to be disposed of separately if a household can stay within the weekly one bag or can garbage limit.

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 Region and return any remaining tags.

I will notify the Region if I move.

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.

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, Emterra Environmental, 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.

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### 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 with medical condition:

Date:

## Certification by Physician

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

Physician name:

Address:

Postal code:

Telephone:

**Number of extra bags/week required:**

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 exemption from the weekly one garbage bag/can limit.**

Physician's signature:

Date:

Patient name:

## 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 extra bag(s)/can(s) of waste over the one bag/can limit. *(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 of waste above the one garbage bag/can weekly limit must be tagged in order for the extra bags/cans to be collected.
4. The medical tags are for use solely by the applicant and cannot be transferred or sold.
5. All materials (garbage, Blue/Grey Boxes, Green Bin, large household items, and/or leaf and yard waste) 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.
6. 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.
7. If the exemption is no longer required I will notify the Region and return any remaining tags.
8. I will notify the Region if I move.
9. 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.

Certification by a physician is required every seven years; please note date of physician certification below for your records.

Date of physician certification:

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10. 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).