

Waste & Recycling Division

GARBAGE CART EXEMPTION APPLICATION

SECTION 1 APPLICANT INFORMATION The City of St. John's will exempt residents who have difficulty maneuvering a cart to the regular collection point from using the garbage carts for curbside collection. If you require this service, please complete and submit this application form. Name Address Phone number **Email address Initial Application** Renewal **SECTION 2 DECLARATION** (To Be Completed by Applicant) I certify that there is no one living at the same address that can take my cart to the curb for me. My disability is: Long-term / Permanent **Temporary** Estimated duration of temporary disability? Please note: All application forms must be supported with medical verification from a healthcare provider or relevant professional (e.g. Disability Agency).

I understand that:

- this exemption only applies to the use of a garbage cart;
- the number of garbage bags allowed without the cart is four bags per week;
- I need to reapply for permanent service every three years; and,
- 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.

Signature of applicant		Date	
Return this form with supporting documentation by mail to:			
City of St. John's Waste and Recycling Division Attn: Privacy Coordinator PO Box 908 St. John's, NL A1C 5M2			
This form is used to collect information to schedule waste cart exemption service for residents of the City of St. John's. The information is being collected under Part III of the Access to Information and Protection of Privacy Act, 2015. Any personal information gathered as such as contact names, addresses, phone numbers and medical documentation will be treated in accordance with the privacy protection provisions of Part III of the Access to Information and Protection of Privacy Act, 2015. If you have any questions regarding the collection of this information, please contact us at curbit@stjohns.ca or the Waste and Recycling Privacy Coordinator at 709-570-2002.			
FOR OFFICE USE ONLY			SECTION 3
Support of relevant professional received	☐ Yes	□ No	
Approved	□ Yes	□ No	
Date Signature of	Approver		

