

Regional Waste Reduction Office

1450 K.L.O. Road, Kelowna, BC V1W 3Z4

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**Application for Service Level Change
DISABILITY SERVICE**

Disability service is that in which the collection contractor will make a special service arrangement with the disabled applicant for garbage and recycling collection service.

I, _____ as occupier of the property located at
(Last Name) (First Name)

Address: _____
(Apt. #) (Street#) (Street Name) (City, Province) (Postal Code)

hereby apply for this service and understand that:

- The occupants of this property have a disability that prevents them from moving the carts to and from the curbside collection point;
- The occupants of this property do not have access to an able-bodied person to help them with this activity;
- A Physician's certificate(s) will be required stating that it would be injurious to the health of each occupant to roll the containers to and from the curbside;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- This disability service may be cancelled at any time if the information provided by the occupants is found to be false;
- The Waste Reduction Office is not responsible for any damage to private property resulting from the executing of this service.

Is the disability permanent? Yes *or* No (If yes, this application is valid for 3 years)

If the disability is not permanent, at what date would the Applicant be sufficiently recovered. ____/____/____
(Year) (Month) (Day)

I certify that the information I have provided is true and accurate.

(Signature of Applicant) (Phone Number) (Date)

FOR OFFICE USE ONLY

Approved Denied

Physician's Certificate Attached and Dated

Effective date of service level change: _____

Waste Reduction Supervisor: _____
(signature)