## ASSISTED WASTE COLLECTION APPLICATION AUTHORIZED HEALTHCARE PROFESSIONAL FORM

## PART A: to be completed by the resident or designate:

Resident's First Name	Resident's Last Name	
Service Address		Phone

## WE ACKNOWLEDGE AND CERTIFY THAT:

- (a) My/our/the resident's medical condition is such that I/we/he/she am/are/is unable to move waste material to the curb or back alley or communal bin for collection.
- (b) No other person resides at the above address who is capable of placing the waste materials at the curb or back alley, or in the communal bin.
- (c) No other person is available to place the waste materials at the curb or back alley, or in the communal bin.
- (d) I/we understand that Waste Services must approve the Assisted Waste Collection location, which must be complied with.
- (e) I/we will notify the City of Edmonton at 311 or wastesupport@edmonton.ca, if any of the above conditions change.
- (f) I/we understand that, if this application is approved, it will be subject to an annual review and the service may be terminated if the above conditions no longer apply.

Signature(s) of Resident or Designate	Date

## PARTB: to be completed by an authorized healthcare professional:

Authorized healthcare professionals include, but are not limited to physicians, surgeons, osteopaths, registered nurses, home care aids, acupuncturists, chiropractors, licensed practical nurses, midwives, occupational therapists, pharmacists, physiotherapists and social workers.

Healthcare Professional's First and Last Name		
Address	Postal Code	
Title of Professional Designation	Registration Number	
This is to certify that due to medical reasons, the above named resident(s) is not physically able to carry their waste material to the curb or back alley.		
Signature of Authorized Healthcare Professional	Date	

Personal information and your Healthcare Professional's information is collected for the purpose of registering you in the City of Edmonton's Assisted Waste program and will be used to validate your application. Collection and use is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. If you have any questions or concerns about the collection, use, or disclosure of this information, please contact the Waste Public Service Representative: call 311, or email wastesupport@edmonton.ca. Kennedale Administration Building, City of Edmonton, 12802–58 Street NW Edmonton AB T5A 4L3.