

Application for Medical Exemption

The County of Dufferin will consider exempting residents who are either not able to meet their weekly bag limit, or who require an additional privacy bag, due to waste generated stemming from a medical or health related situation of a resident of that property. Approved applicants will receive bag tags to cover one (1) extra garbage bag or privacy bag a week for a period of **six (6) months**. An application must be completed every six months for continued service.

Talanhana Number

Please complete/include the following:

- Pages 1 and 2 of this form
- Proof of current residence

Date of Application:

Please return to Dufferin County Waste Services in one of the following ways:

- Online: www.dufferincounty.ca/waste
- Mail or drop-off: 30 Centre Street, Orangeville, ON L9W 2X1

Name of Applicants

• Email: dufferinwaste@dufferincounty.ca

Date of Application.	Name of Applicant.	relephone Number.					
Address of Property:							
Are you the owner of the property? YES NO If not, please provide contact information for the owner/property manager.							
Name of Property Owner:		Telephone Number:					
Address:							

Requested Exemption:

increase of one (1) garbage bag to the weekly bag/container limit. Only wastes from the medical condition will be placed in the extra clear bag/container, with bag tag affixed. **or;**

increase of one (1) privacy bag within each bag placed out for collection. Only wastes from the medical condition will be placed in the extra privacy bag, with the special bag tag affixed to the outer clear garbage bag/container.

Bri	efly explain the medical/health related situation:					
	ms and Conditions (please check each box, to confirm you have read and a	ассе	ept these terms and			
] I acknowledge that this allowance is due to a medical/health related sit	tuat	ion only.			
	Only wastes from the medical condition will be placed in the extra prival bag/container (depending on requested exemption), with the bag tag a garbage bag/container.	-				
	Examples of Medical Wastes (non-hazardous) include (but are not limit Waste, Medical Packaging Materials, Colostomy Tubing, Incontinence Fubing.					
	The County does not accept hazardous bio-medical waste such as syrin needles and sharps. These hazardous wastes should be disposed of proneedle return programs at participating pharmacies, or through the Co Hazardous Waste Events (in sturdy/puncture proof plastic containers).	pe	rly through syringe/			
	The tags are for use by the above noted resident only, and cannot be to bag tags hold no cash value.					
	If the exemption is no longer required, I will notify the County and return any remaining ta					
	I will notify the County if I move, and give the change in address. I also acknowledge that participation in Dufferin County's Blue Box and required under the Waste Services By-law, and agree to fully participate approved for an exemption due to medical needs.					
١c	certify that the information provided is, to the best of my knowledge, co	rrec	t and complete.			
S	ignature (not required for email submission below):		Date:			

Notice with Respect to the Collection of Personal Information

Personal information requested on this form is collected as a necessary part of the administration of Waste Services by the County of Dufferin pursuant to its legal authority as set out in the Municipal Act, 2001. Collection, use and confidentiality of the personal information will be according to the standards of the Municipal Freedom of Information and Protection of Privacy Act and the information will be used for the purpose of verification of eligibility for specialized set out service programming only. Questions or concerns about collection, use or disclosure of personal information should be directed to the Director of Public Works at 519-941-2816 ext. 2600.