

Walk-up Collection Service Application Form

The City of Winnipeg provides walk-up collection service at no charge to residents who have difficulty getting their recycling, garbage and yard waste to the regular collection point. Collectors will walk up to the home, empty and return the recycling and garbage carts to their original location. They will also collect yard waste that is placed in paper yard waste bags. Yard waste in other containers cannot be collected.

If you require this service, please complete and submit this application form.

| Part 1 Contact Name | information/service address | |
|--|---|----------------------------|
| Address | | |
| Postal code | Phone number | |
| Email address | | |
| Part 2 Applicat | ion type | |
| ☐ Initial application | n 🗆 Renewal | |
| - | services required (check only | y those that you require) |
| | ollection service for: | _ |
| ☐ recycling cart | ☐ garbage cart | □ paper yard waste bags |
| I will place my recy ☐ at the back door | service location reling and garbage carts and paper r | , |
| Part 5 Duration | n needed | |
| | start date | end date |
| | term (annual renewal is required | |
| application only) | of relevant medical profession | |
| | rofessional (please print) | • |
| Role of medical pro | ofessional (e.g., family practitione | r, occupational therapist, |
| | Phone number | |
| Signature of medic | al professional | |

Part 7 Walk-up service agreement

I certify that:

- my health prevents me from getting my carts/yard waste bags to the curb or lane, and
- there is no one in my home who can take my carts/yard waste bags to the curb or lane for me.

I understand that:

- This service does not include collection of large items (e.g., furniture, appliances).
- My address must be clearly visible from the front street and back lane (if applicable).
- My carts/yard waste bags must be easily visible and accessible on my designated collection day, and no more than 15 metres (50 feet) from the regular collection point.
- I need to reapply for permanent service each year.
- A signature from a medical professional (e.g., family practitioner, occupational therapist, physiotherapist), indicating their support for my request, is required on my initial application, but not for annual renewals.
- Medical notes are not to be included with the application.
- I may be required to provide further medical support where reasonable deemed necessary by the Director.
- I must advise the City immediately if I no longer need the service, if there is a change to any information on this form, including my address, or if there is a change in my service requirement.

| Signature of applicant | Date |
|---|------|
| Please return this application form: by mail to Solid Waste Services Division, 1120 W R3T 0P4 by email to WWD-SolidWaste-Clerks@winnipeg. by fax to 204-774-6729 | |
| For more information • call 311 | |

| For office use Support of relevant | only ant medical practitioner received by supervisor of collection services |
|---------------------------------------|---|
| • • | No |
| Date | Signature of supervisor |
| • | I information is being collected under the authority of s. 36(1)(b) of The Freedom of Protection of Privacy Act (FIPPA), and s. 13 of The Personal Health Information Act |
| (PHIA). This inf | ormation will be used to administer walk-up waste collection services, and will not be |
| used or disclosed | I for any other purposes, except as authorized by law. If you have any questions about |
| the collection | of this information, contact the Corporate FIPPA Coordinator by mail to City Clerk's |

Department, Administration Building, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.