SCHEDULE "A" to By-Law 2021-03 - Application for Special Curbside Assistance

Municipality of WestLake-Gladstone

APPLICATION FOR SPECIAL CURBSIDE ASSISTANCE **PART A**

Curbside Assistance Service in which collection crews will enter my private property to move waste/recycling collection carts to the curb for collection and return it to the property.

I, _____ as occupier of the property located at
First & Last Name – Print Clearly

_____ hereby apply for this service and agree
Full Street Address – Print Clearly

to the following conditions:

- The occupier of this property has a physical disability that prevents them from moving the carts to and from the collection point and does not have an able-bodied person to help them with this activity;
- The occupier may be required to provide Verification of Disability, as verified by a medical professional;
- The carts shall be freely accessible & not placed inside closed buildings or gated areas;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- The Municipality is not responsible for any damage to private property resulting from the executing of this service.

Applicant Information:

☐ New Application ☐ Renewal Application

What is the nature of the disability? _____

☐ Permanent Disability ☐ Temp. Disability until approx..: _____
Date

Number of persons living in household? _____

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

_____ _____ _____
Signature *Phone Number* *Date*

Collection of Personal Information

Personal information is being collected under the authority of The Municipal Act and will be used for the purposes of managing the Municipality of WestLake-Gladstone and its programs and services therein. It is protected by the Protection of Privacy provisions of The Freedom of information and protection of Privacy Act. If you have any questions about the collection, contact: Municipal office, PO Box 150, Gladstone Manitoba, R0J 0T0 (204) 385-2332.

OFFICE USE ONLY: Date Application Received: _____

☐ Approved ☐ Denied ☐ Verification of Disability (Part B) Required

Expiry Date: _____ Conditions: _____

Date: _____ Authorized Signature: _____

VERIFICATION of DISABILITY **PART B**

(To be completed by an authorized Medical Professional)

I certify that my patient _____ has a physical disability and is unable to move waste/recycling collection carts to and from the collection point.

Print Name: _____ Signature: _____

Date: _____ Address: _____ Phone #: _____

NOTE: *Fees charged by Medical Professionals to verify disability shall be the responsibility of the applicant.*

Submit Print