

**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.