

## **Walk-up Collection Service Application Form**

Walk-up service is available for residents living in a home where no one can put out the recycling, garbage or yard waste, due to health issues.

Our collectors will walk up to the home, empty and return the recycling and garbage carts. They will also collect yard waste in paper yard waste bags. Yard waste in other containers cannot be collected.

There is no fee for this service. If you require this service, please complete and submit this application form.

Part 1 - Contact information	on and service addr	ress			
Name					
Address					
Postal code Email address		Phone number	er		
Part 2 - Application type (p	lease check one)				
Initial application		Annual renewal			
Part 3 - Walk-up services required (check only those that you require)					
Recycling cart		Garbage cart		Paper yard waste bags	
Part 4 - Walk-up service location					
I will place my recycling a  At the back door	nd garbage carts a	and paper yard waste bags: At the front door	:		
Other (please descri	ribe)				
Part 5 - Duration needed					
Temporary	start date		end date		
Permanent/long term (annual renewal is required)					
Part 6 - Support of relevan	t medical professio	onal (Must be filled out by a medi	ical professior	nal. Required for initial application only.)	
I confirm the applicant is unable to place their carts/yard waste at the regular collection point due to medical reasons.					
Name of medical professional (please print)					
Role of medical professional (e.g., family practitioner, occupational therapist, physiotherapist)					
Medical professional's ad	dress				



Medical professional's phone number	
Signature of medical professional	
Part 7 - Walk-up service agreement	
<ul> <li>I certify that:</li> <li>My health prevents me from getting my carts/yard waste bags to the curb or lane.</li> <li>There is no one in my home who can take my carts/yard waste bags to the curb or</li> </ul>	
<ul> <li>I understand that:</li> <li>This service does not include collection of large items (e.g., furniture, appliances)</li> <li>My address must be clearly visible from the front street and back lane (if applicab)</li> <li>My carts/yard waste bags must be easily visible and accessible on my designated than 15 metres (50 feet) from the regular collection point.</li> <li>I need to reapply for permanent service each year.</li> <li>A signature from a medical professional (e.g., family practitioner, occupational the indicating their support for my request, is required on my initial application, but reflected in the indication of the included with the application.</li> <li>I may be required to provide further medical support where reasonable deemed reflected in the including my address, or if there is a change in my service requirement.</li> </ul>	ole). collection day, and no more nerapist, physiotherapist), not for annual renewals. necessary by the Director.
5	Date
Please provide the following when submitting your request:  Mail to Solid Waste Services Division, 1120 Waverley St, Winnipeg, MB, R3T 0P4  Email to WWD-SolidWaste-Clerks@winnipeg.ca  Fax to 204-774-6729  For more information  Call 311  Visit winnipeg.ca/311  For office use only  Support of relevant medical practitioner received by supervisor of collection services  Yes  No	
Signature of supervisor I	Date

Your personal information is being collected under the authority of s. 36(1)(b) of The Freedom of Information and Protection of Privacy Act (FIPPA), and s. 13 of The Personal Health Information Act (PHIA). This information will be used to administer walk-up waste collection services, and will not be used or disclosed 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.