

Residential Front and Side Door Solid Waste Collection

This form is to be completed by the resident(s) residing at the address stated below and the residents' physician.

1. RESIDENT INFORMATION

(Please print)

Name(s) (First, Last):

Address:

Postal Code: _____ - _____ Telephone No.: (_____)

Please check off one of the following:

- Front & Side Door Collection service will be required on a temporary basis.
 Start Date (yyyy-mm-dd): _____ End Date (yyyy-mm-dd): _____
- Front & Side Door Collection services will be required on a permanent basis.

I/we acknowledge and certify that:

- (a) My/our medical condition is such that I/we am/are unable to transfer waste materials (garbage, recycling and green bin) to the curb for collection.
- (b) No other person resides at the above address who is capable of transferring the waste materials to the curb for collection.
- (c) No other person (a friend, a relative or a contractor) is available to place out the waste materials.
- (d) I/we will notify Solid Waste Management Services, if any of the above conditions change.
- (e) I/we understand that the designated collection point(s) can only be approved by the General Manager or his designate and must be complied with.

(Approved applications are subject to an annual review and the service may be terminated if the above conditions no longer apply.)

Signature(s) of Resident(s): _____ Date (yyyy-mm-dd): _____

Please turn over to complete the **PHYSICIAN'S CERTIFICATION** section

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2. PHYSICIAN'S CERTIFICATION

(Please print)

Physician's Name (First, Last): _____

Address: _____

Postal Code: _____ - _____ Telephone No.: (_____) _____

This is to certify that due to medical reasons the above named resident(s) is not physically able to transfer their waste materials to the curb for collection.

Physician's Signature: _____ Date (yyyy-mm-dd): _____

Completed form must be returned via ONE of the following methods:

1. Mail Solid Waste Management Services Division
Customer Service and Waste Diversion Implementation
86 Ingram Drive, Ingram Yard, Toronto, ON M6M 2L6

2. Fax Attn: Front & Side Door Application
(416) 392-0396

3. Email Attn: Front & Side Door Application
swmsupport@toronto.ca

For Department Use

Inspection Supervisor: _____ Date (yyyy-mm-dd): _____

DESIGNATED COLLECTION POINTS

Garbage, Recycling and Green Bin: _____

Scheduled garbage and recycling day(s): _____

Request Approved

Request Not Approved

Comments:
(collection points) _____

Name of Manager, Operations: _____ Yard and District: _____

Signature: _____ Date (yyyy-mm-dd): _____

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (c) and City of Toronto By-law 2012-1593. The information is used to administer the Residential Front and Side Door Solid Waste Collection Service Program. Questions about this collection can be directed to the Manager, Customer Services & Waste Diversion Implementation, Ingram Yard, 86 Ingram Drive, Toronto, Ontario, M6M 2L6 or by phone at 416-392-6892.