



APPLICATION FOR CLEAR BAG EXEMPTION FOR MEDICAL WASTE

(Pursuant to Asphodel-Norwood By-Law 2018-38 to provide for the collection, removal, and disposal of waste)

This application is for residents of the Township of Asphodel-Norwood with a medical condition to apply for an exemption from the clear bag curbside waste collection policy. To be eligible, applicants must provide proof of a medical condition that is verified by a medical professional.

Contact Information

First Name	Last Name
Phone Number	E-mail Address
Street Address	Postal Code

Please confirm that the address above is the curbside location that will have the extra waste to be collected

Secondary Contact Information (if applicable) Fill out this section if a family member or aide is acting on the applicant's behalf

Name	Phone Number
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Important Information

- Please attach this sheet with a note signed and dated by your medical professional which includes your medical professional's name, address, phone number, and acknowledges and certifies that you generate garbage due to a medical condition. **It is NOT necessary for the medical practitioner to state the reason for your exemption.**
- It is the responsibility of the resident to renew the exemption every year.
A new application form and medical professional's note must be provided for renewal, prior to the anniversary date.

Agreement - Terms and Conditions

I acknowledge that:

- If the exemption is no longer required, I will notify the Township and return any remaining tags. I will not give away nor sell remaining tags.
- I will notify the Township if I move, and provide a change of address.
- I will use these tags to set out only non-hazardous medical waste.
- I understand that the Township may change the garbage bag limit and other curbside clear bag collection requirements.
- I will not set out hazardous/bio-medical waste including syringes and unused medication for curbside collection. Instead, I will properly dispose of this waste.
- By completing this application, I certify that the information provided is true and accurate.

Signed: _____ Date: _____

OFFICE USE ONLY

Approval	Date
Manager of Public Works & Environmental Services, or CAO/Clerk/Treasurer	Comments
Date of Commencement	

Notice with respect to the collection of personal information. Personal information collected on this form is collected under the authority of the Municipal Act and handled in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Your personal information will be used by staff of the Township of Asphodel-Norwood in the administration of the clear bag exemption for medical waste. Questions regarding the collection, use, and disclosure of your personal information can be directed to the Township Office, 705-639-5343.