

**AUTOMATED WASTE COLLECTION  
Accommodation Form**



Applicant Information:

Name:	
Address:	
Email:	Phone Number:

**Placement of Cart:**

Cart placement on collection day is as per Residential Waste Regulations section 7.3 (b). An accommodation for cart placement may be granted under specific circumstances, such as resident disability and no other person living in the dwelling capable of maneuvering a cart or obstructing property characteristics for cart mobility. Approved accommodations will be reviewed at least once annually.

Accommodation of cart placement does not exempt or alter waste collection fees as per Residential Waste Regulations.

Civic address requesting cart placement accommodation: \_\_\_\_\_

Existing Cart ID #: \_\_\_\_\_

Additional Cart(s) ID#: \_\_\_\_\_ (if applicable)

Permanent:  Temporary:  Duration for temporary: \_\_\_\_\_

Supervisor/Manager Evaluating: \_\_\_\_\_ Date: \_\_\_\_\_

Approved; Reasoning for approval \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accommodation Location: \_\_\_\_\_

Denied; Reasoning for denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent:**

I hereby agree I have read and understand the Residential Waste Regulations, and confirm all information that has been provided to the Town regarding this accommodation.

This form may be distributed throughout Town Departments as required for the purposes of waste collection data.

Property Owner Signature (for approval only): \_\_\_\_\_ Date: \_\_\_\_\_

Director of Engineering and Public Works (or designate): \_\_\_\_\_

Date: \_\_\_\_\_

**(Forward to PW Supervisor for programming and email completed form to applicant)**