



Regional Waste Reduction Office
 1450 K.L.O. Road, Kelowna, B.C. V1W 3Z4
 Telephone: 250-469-6250
 Fax: 250-762-7011
 E-mail: recycle@rdco.com

**Application for Service Level Change
 DISABILITY SERVICE**

Disability service is that in which the collection contractor will make a special service arrangement with the disabled applicant for garbage and recycling collection service.

I, _____ as occupier of the property located at
 (Last Name) (First Name)

Address:

 (Apt.#) (Street #) (Street Name) (City, Province) (Postal Code)

hereby apply for this service and understand that:

- The occupants of this property have a disability that prevents them from moving the carts to and from the curbside collection point;
- The occupants of this property do not have access to an able-bodied person to help them with this activity;
- A Physician's certificate(s) will be required stating that it would be injurious to the health of each occupant to roll the containers to and from the curbside;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- This disability service may be cancelled at any time if the information provided by the occupants is found to be false;
- The Waste Reduction Office is not responsible for any damage to private property resulting from the executing of this service.

Is the disability permanent? Yes or No (If yes, this application is valid for 3 years)

If the disability is not permanent, at what date would the Applicant be sufficiently recovered. ____/____/____
 (Year) (Month) (Day)

I certify that the information I have provided is true and accurate.

 (Signature of Applicant)

 (Phone Number)

 (Date)

FOR OFFICE USE ONLY

Approved

Denied

Physician's Certificate Attached and Dated

Effective date of service level change: _____ Date sent to info-BC@e360s.ca _____

Waste Reduction Supervisor: _____
 (Signature)