

Regional Waste Reduction Office 1450 K.L.O. Road, Kelowna, B.C. V1W 3Z4 Telephone: 250-469-6250

E-mail: recycle@rdco.com

## Application for Service Level Change

Address:  (Apt.#) (Street #) (Street Name) (City, Province) (Postal Code)  Address:  (Apt.#) (Street #) (Street Name) (City, Province) (Postal Code)  Are occupants of this property have a mobility challenges 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 assisted service may be cancelled at any time if the information provided by the occupants is found to be false;  You agree to save harmless and indemnify the Regional District of Central Okanagan and its Municipal Members, officials, agents, and representatives from and against all claims with respect to loss or damage to property while executing this service.  If the need is not permanent, at what date would the Applicant be sufficiently recovered.  (Year) (Month) (Day)  Certify that the information I have provided is true and accurate.	,			as occupier of the property located at	
(Apt.#) (Street #) (Street Name) (City, Province) (Postal Code)  nereby apply for this service and understand that:  • The occupants of this property have a mobility challenges 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 assisted service may be cancelled at any time if the information provided by the occupants is found to be false;  • You agree to save harmless and indemnify the Regional District of Central Okanagan and its Municipal Members, officials, agents, and representatives from and against all claims with respect to loss or damage to property while executing this service.  s the need permanent?  Yes or  No (If yes, this application is valid for 3 years)  f the need is not permanent, at what date would the Applicant be sufficiently recovered.  (Year) (Month) (Day)  certify that the information I have provided is true and accurate.	(Last Name)		(First Name)		,
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FOR OFFICE USE ONLY		•	Sector Affects of the LD of of		
Approved		Physician's Certifi	icate Attached and Dated		
	Effective date of service level change:			Date sent to info-BC@e360s.ca	
Approved	Waste Red	duction Supervisor:			
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The Waste Reduction Office is a program of the City of Kelowna, City of West Kelowna, District of Lake Country,
District of Peachland and the Regional District of Central Okanagan.

## Personal Information Collection Notice

Pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act, your personal information is collected for RDCO Waste Reduction Programs and Related Activities & Services. If you have any questions about the collection, access, use or disclosure of your personal information, please contact: Privacy Officer, Regional District of Central Okanagan, 1450 KLO Rd, Kelowna, BC V1W 3Z4 @ foi.privacy@rdco.com or call 250-469-6224.