



**TOWN OF WATSON LAKE**  
**ASSISTED WASTE COLLECTION PROGRAM**

The Town of Watson Lake recognizes that some individuals need assistance and flexibility to set out solid waste. Town Council has approved a provision to provide some flexibility and assistance for residents with medical conditions demonstrating a need for accommodation. By completing and submitting the following application, eligible properties will be provided with assistance and flexibility as required.

**PLEASE COMPLETE THE FOLLOWING APPLICATION IN FULL (PLEASE PRINT):**

NAME OF APPLICANT : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CONTACT DETAILS:    PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE CHECK THE BOXES BELOW TO CERTIFY THAT YOU MEET THE PROGRAM REQUIREMENTS**

- ☐ The Resident of the above home address has limited mobility, or other medical condition which qualifies for assistance in setting out waste bins at the curb side.
- ☐ There are no other able-bodied persons living at the above residence that can set the waste bin at the curb side.
- ☐ The applicant understands that the Town may request that the Resident provide a physician’s letter at the time of the application and agrees to provide such letter upon request.

**ASSISTED WASTE COLLECTION IS NEEDED:**

☐ Permanently

☐ Temporarily until the following date: \_\_\_\_\_

By completing and submitting this application, I hereby certify that the information provided is true and accurate.

\_\_\_\_\_

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

**DATE**

-----OFFICE USE ONLY-----

APPLICATION IS: ☐ APPROVED UNTIL \_\_\_\_\_ (enter date or permanent)

☐ DECLINED

Was a physician letter required? If no, please indicate reason below:

\_\_\_\_\_

\_\_\_\_\_

**REVIEWED BY**

\_\_\_\_\_

**SIGNATURE OF REVIEWER**

\_\_\_\_\_

**TITLE**

\_\_\_\_\_

**DATE**