



Application for a Medical Waste Exemption

(Pursuant to Trent Lakes Waste By-Law 2020-031)

This application is for residents of the Municipality of Trent Lakes with a medical condition to apply for a medical waste exemption. 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:

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:
-------	---------------

Important Information

1. 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.**
2. 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 Municipality and return the additional waste card. I will not give away nor sell the additional waste card.
- I will notify the Municipality if I move, and provide a change of address.
- I will use the additional waste care to dispose of only non-hazardous medical waste.
- I understand that the Municipality may change the garbage bag limit and other collection requirements.
- I will not dispose of hazardous/bio-medical waste including syringes and unused medication at the Transfer Station Site. Instead, I will properly dispose of this waste.
- By completing this application, I certify that the information provided is true and accurate.

Signed: _____ Date: _____

Name of medical professional: _____ Signature of medical professional: _____

Office Use Only

Approval:	Date:
Date of Commencement:	Comments:

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 Municipality of Trent Lakes in the administration of the medical waste exemption. Questions regarding the collection, use, and disclosure of your personal information can be directed to the Municipal Office.