



1. Contact Information	
Name:	Service Address:
Phone Number:	Email Address:
2. Location of Carts	
Please specify where on your property our staff will find all waste carts (black, blue, and green):	
Carts should be all stored in the same location on the property. The staff will return the carts to the same location they are retrieved from. If staff are unable to collect from the location the applicant will be notified by a City employee.	
3. To be completed by the Authorized Health Ca	re Professional:
Name of certified health care provider (please print):	Role of certified health care provider:
Address:	Phone Number:
This is to certify that due to medical reasons, the above named resident(s)	is not physically able to carry their waste material to the curb or back alley.
This is to certify that due to medical reasons, the above named resident(s) Signature of certified health care provider:	is not physically able to carry their waste material to the curb or back alley.  Date:
4. Assisted Collection Service Agreement	
Signature of certified health care provider:	Date: s to the curb or lane and return them to my property.
4. Assisted Collection Service Agreement  I certify that:  • My medical condition prevents me from getting my carts	Date: s to the curb or lane and return them to my property.
4. Assisted Collection Service Agreement  I certify that:  • My medical condition prevents me from getting my carts • There is no other person in my home who can take my carts	o to the curb or lane and return them to my property.  Fortist of the curb or lane and return to my property.
4. Assisted Collection Service Agreement  I certify that:  • My medical condition prevents me from getting my carts • There is no other person in my home who can take my call understand that:	os to the curb or lane and return them to my property.  Ben'ts to the curb or lane and return to my property.  So to the curb or lane and return to my property.
4. Assisted Collection Service Agreement  I certify that:  • My medical condition prevents me from getting my carts • There is no other person in my home who can take my call understand that:  • This service does not include the collection of large item • I understand that Waste Services must approve the locat • Medical notes are not to be included with the application	Date:  S to the curb or lane and return them to my property.  Barts to the curb or lane and return to my property.  S.  S.  Sion of the waste carts.
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Personal information and your Health Care Professional's information is collected for the purpose of registering you in the City

of Saskatoon's Assisted Waste Collections program and will be used to validate your application. If you have any questions or concerns about the collection, use, or disclosure of this information, please contact the City of Saskatoon at 306-975-2476, garbage@saskatoon.ca, 330 Ontario Avenue, Saskatoon, SK S7K 2H5.