



City of Quesnel

410 Kinchant Street
Quesnel, BC -V2J 7J5
Telephone (250) 992-2111

APPLICATION FOR SERVICE LEVEL CHANGE

SET OUT / SET BACK SERVICE

Set Out / Set Back Service in which collection crews will enter my private property to move a solid waste collection cart to the curb for collection and return it to the property.

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

Address: _____
(Street Number) (Street Name)

(City) (Province) (Postal Code)

Hereby apply for this service and agree to the following conditions:

- The occupier of this property has a permanent physical disability that prevents him/her from moving the cart to and from the collection point and does not have an able-bodied person to help them with this activity;
- The occupier must provide written proof of permanent physical disability, or have your doctor sign the verification of disability section;
- The cart shall be freely accessible and not to be placed inside closed buildings or a gated area;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- The City is not responsible for any damage to private property resulting from the executing of this service.

Applicant's Information **New** **Renewal**

What is the nature of the disability? _____

Number of persons living in household: _____

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

(Signature)

(Phone Number)

(Date)

VERIFICATION OF DISABILITY

TO BE COMPLETED BY AN AUTHORIZED MEDICAL DOCTOR

I certify that my patient _____ has a permanent physical disability and is unable to move a solid waste collection cart to and from the collection point.

Signature: _____ Date: _____

Doctors Name: _____

Address: _____

Telephone: _____

Please note that your doctor may charge for this service, and that you are responsible for paying any costs involved in getting this information.

OFFICE USE ONLY (City of Quesnel)

Your application is approved or Your application is denied

Verification of Disability Form Received

The occupier will assist with any special designations as may be require to alert the crews that this type of collection service is required; and comply with the following:

Date Received : _____ Date Approved: _____

Supervisor : _____