

**SCHEDULE “A”  
To By-law No. 6965**

**APPLICATION FOR SERVICE LEVEL CHANGE**

I hereby declare that I have a disability that is sufficiently severe such that I am unable without assistance to set out, and bring back in after collection has occurred, my refuse and recycling carts some or all of the time. I consent to the disclosure of personal information (including medical information) by a medical professional to the City of Brandon Sanitation Section for the purposes of determining my eligibility for the Set Out/Set Back service. I will advise the City of Brandon Sanitation Section or its agents of any changes to my mobility needs. I understand that the City of Brandon Sanitation Section has the right to review my application from time to time and can revoke my registration if they determine that I am no longer eligible for the service.

Set Out / Set Back Service shall include collection crews entering my property parcel to move Refuse and Recycling collection carts to the curb or lane allowance for collection and return them to the property after the passage of collection.

I, \_\_\_\_\_ as occupier of  
property located at \_\_\_\_\_

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

- The occupier of this property has a physical disability that prevents them from moving the carts to the collection point and do not have an able-bodied person to help them with this activity;
- Carts shall be freely accessible and not 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.

**Applicants Information**

What is the nature of the disability? \_\_\_\_\_

Name of medical professional \_\_\_\_\_ Telephone: \_\_\_\_\_

Is the disability permanent? \_\_\_\_\_ (If yes, this application is valid for 3 years)

If the disability is not permanent, at what date would the Applicant be sufficiently recovered? \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Office Use Only**

☐ Your application is approved      ☐ Your application is denied

☐ Physician’s Certificate Required (Schedule “B” to be completed and returned to the City)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_