



# Waste Exemption Application Form

This confidential application is for Town of Newmarket residents who need to set out additional waste due to a medical condition. You may apply for a waste exemption only if you are unable to accommodate the waste generated as a result of a medical condition within the three bag/container limit of garbage per household, and/or cannot hold on to the waste for a two-week period. Applicants must live in a single-family home and currently receive curbside collection provided by the Town of Newmarket.

**Please mark all correspondence “confidential”. Complete and return this form by mail (in a sealed envelope) or by email:**

**Mail:** Attention: Waste Program Coordinator  
Town of Newmarket  
Public Works Services  
1275 Maple Hill Court  
Newmarket, ON, L3Y 9E8

**Email:** [wasteexemption@newmarket.ca](mailto:wasteexemption@newmarket.ca)

## Applicant’s Information

Is this application for the renewal of an existing exemption? Yes  No

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If your application is approved, you will receive garbage tags to affix to your extra garbage bag(s). Tags will be mailed to your residence. **Please note that the Town of Newmarket will not be held responsible for tags delayed, stolen, or lost in the mail.**

## Secondary Contact’s Information (If applicable)

Are you completing this application on behalf of a resident who requires a garbage exemption due to a medical condition? Yes  No

If yes, please state your relationship to the resident with the medical condition:

\_\_\_\_\_  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## Agreement, Terms and Conditions

**I acknowledge the following:**

- That this exemption is only required for medical waste that cannot be disposed within the limits of three bags or containers of garbage (up to 22 kg/50 lbs each), collected every other week. Only non-hazardous medical waste such as dialysis tubing, catheters, medical and first aid supplies can be set out for curbside collection.
- Please double bag the following items before placing in the garbage:
  - Dialysis waste (i.e., filters, disposable towels, and sheets)
  - IV bags and tubing, gastric and nasal tubes
  - Soiled dressing, sponges, and gauze
  - Catheters
  - Ostomy bags (empty contents prior to disposal)
- That Household Hazardous Waste such as sharps, needles, syringes, and lancets are to be placed in an approved, puncture-proof container and dropped off at a local participating pharmacy or York Region Household Hazardous Waste Depot. There is no curbside collection for these items.
- That the garbage tags cannot be used by anyone else other than myself. They cannot be transferred or sold.
- That if the exemption is no longer required, I will notify the Town of Newmarket and return any remaining tags.
- That I will notify the Town of Newmarket if I move.
- That I will ensure all efforts are being made to divert as much waste as possible by fully participating in the Town's Blue Box and Green Bin programs.
- That once all the garbage tags provided have been used, I understand that I will not be provided additional tags until I re-apply to the program on the one year anniversary date of the application.
- That I understand that medical verification is required every three years.
- That I understand that the Town may change the garbage bag/container limit and other curbside collection requirements, as well as the terms of the Medical Waste Exemption Program.

I agree to the terms above and hereby certify that the information provided is true and accurate.

Please check if secondary contact is signing on behalf of resident with medical condition.

**Signature of Resident or**

**Authorized Secondary Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Collection of Personal Information**

Personal information on this form is collected under the authority and in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Your personal information will be used by staff of the Corporation of the Town of Newmarket in the administration of the assisted waste collection program and to contact you regarding your application. If you have any questions about the collection, use and disclosure of your personal information, contact the Town of Newmarket at 905-895-5193.

### Physician's Certification (Please Print)

**Patient's Full Name:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town/City:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I certify that the above-named resident's medical condition results in the generation of additional garbage and therefore will require exemption from the three bag/container garbage limit, collected every other week.

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_