



APPLICATION FOR SET OUT/SET BACK SERVICE
Bylaw No. 3900 - Schedule "A"

Please print clearly

Date: \_\_\_\_\_

I, \_\_\_\_\_ as occupier of property located at
(First Name) (Last Name)

(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 physical challenge or infirmities that prevent him/her from moving the carts to the collection point and does not have an able-bodied person to help with this activity;
Carts shall be freely accessible and not be placed inside closed buildings or gated areas;
If an able-bodied person becomes available prior to the expiry of an approval, the applicant is required to notify the City and 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 INFORMATION

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

Is the disability permanent? [ ] Yes or [ ] No (If yes, this application is valid for 3 years)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
(Month) (Day) (Year)

Signature of Applicant

Phone Number

Date

REQUIREMENTS

Please submit this form with a completed Supplemental Form for Physically Challenged Persons.

OFFICE USE ONLY

[ ] Your request is DENIED

[ ] Your request is APPROVED

Approved by: \_\_\_\_\_
Les Nerdahl, Trades & Sanitation Foreman

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_
Joshua Frederick, Director of Engineering and Public Works

Date: \_\_\_\_\_