**Return to:**
**Attn: Contact Centre – Assisted Recycling Collection Services**
**101 Town Centre Boulevard, Markham, ON L3R 9W3**
**Inquiries: 905-477-5530**
**Email: customerservice@markham.ca**

# ASSISTED RECYCLING COLLECTION SERVICE APPLICATION

*This form is to be completed by the Markham resident(s) residing at the address stated below and the residents' physician and mailed to the above address.*

## 1. RESIDENT INFORMATION: *(please print)*

Name(s): _____

Address: _____

Postal Code: _____ Telephone No.: _____

Nature of illness: Permanent: Yes ☐ No ☐

Temporary: From _____ To _____

For how long will the assisted collection be required? _____

I/we acknowledge and certify that:

(a) My/our medical condition is such that I/we am/are unable to carry recycling material to the curb for collection.
(b) No other person resides at the above address who is capable to place out the material. (c) No other person (a friend, a relative or a contractor) is available to place out the material.
(d) I/we will notify Waste & Environmental Management Dept, if any of the above conditions change.
(e) I/we understand that the designated collection point(s) can only be approved by the Senior Manager or designate and must be complied with.

*(Note, if this application is approved, it will be subject to an annual review and the service may be terminated if the above conditions no longer apply.)*

**Signature(s) of Resident:** _____ **Date:** _____

## 2. PHYSICIAN'S CERTIFICATION: *(please print)*

Physician's Name: _____

Address: _____

Postal Code: _____ Telephone No.: _____

This is to certify that due to medical reasons the above named resident(s) is not physically able to carry their recycling material to the curb by themselves.

**Physician's Signature:** _____ **Date:** _____

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