



## AGREEMENT, TERMS & 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.
- 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: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE WITH RESPECT TO THE 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 ONLY be used by staff of the Corporation of the Town of Newmarket in the administration of the medical exemption for garbage bag tags 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)

Note: this certification is only required on an initial application and every three years thereafter if you continue to utilize this program by renewing your application annually. If you are unsure as to when you last provided this certification to the Town of Newmarket, please email the Town at [wasteexemption@newmarket.ca](mailto:wasteexemption@newmarket.ca) to inquire and Town staff will advise.

Patient's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

*Street Name*

*City*

*Province*

*Postal Code*

Phone: \_\_\_\_\_

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.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_