



**Operational Services – Solid Waste Management  
Public Works Department**

The Corporation of The Town of Whitby  
575 Rossland Road East, Whitby, ON L1N 2M8  
Phone: 905.668.3437  
Email: pw.operations@whitby.ca

## Application Form for Special Consideration Regarding Garbage Bag Limits

The Town of Whitby recognizes that some households may require special consideration with respect to the bi-weekly garbage bag limit. Town Council has endorsed the Special Consideration program that permits an annual allotment of garbage bag tags to those households that submit an acceptable application for this special waste collection and disposal program.

In order to be eligible for this program, the attached application form must be completed, signed and returned to the Town of Whitby Operations Centre, with the correspondence marked **“CONFIDENTIAL”**. Please note that your medical practitioner must complete Section 3 to verify information in Section 1 and/or Section 2. Applications that have not been signed by medical practitioner will not be considered.

**Authorization:** By making this application, I hereby give the Town of Whitby permission to contact the undersigned medical practitioner to certify that the information provided is true and accurate.

Signature of applicant: \_\_\_\_\_

### **Section 1**

#### ***Application for households with three or more children under the age of three:***

Name: \_\_\_\_\_

Home address \_\_\_\_\_ City/Town \_\_\_\_\_

Phone number \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of first child \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of second child \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of third child \_\_\_\_\_ Birth Date: \_\_\_\_\_

**I acknowledge that the above information is accurate.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

***Please see reverse for Section 2 & 3***



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**Section 2**

***Application for residents who require the use of incontinence products or have medical condition that may generate a greater amount of waste:***

Name: \_\_\_\_\_

Guardian name (if different from above): \_\_\_\_\_

Home address \_\_\_\_\_ City/Town \_\_\_\_\_

Phone number \_\_\_\_\_ Postal Code \_\_\_\_\_

**I acknowledge that the above information is accurate.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Section 3**

***Medical practitioner information and authorization:***

Name of medical practitioner \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Phone number \_\_\_\_\_ Postal Code \_\_\_\_\_

I hereby acknowledge and certify that information submitted by the applicant is true and accurate.

Signature of practitioner \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information to:

**Town of Whitby Works Department  
Superintendent of Solid Waste Management  
575 Rossland Road East  
Whitby, Ontario L1N 2M8**

**Correspondence should be marked “Confidential”.**

Personal Information on this form is collected under the authority of Section 8 of the Municipal Act, SO 2001, c25. The information will only be used for the purpose of administering Special Considerations regarding Garbage Bag Limits. Questions regarding the collection of personal information should be directed to the Town of Whitby, Supervisor of Solid Waste, 575 Rossland Road East, Whitby ON L1N 2M8.