



Esquimalt's Residential Solid Waste Assistance Program

The Township of Esquimalt's new *Waste Management Program* will begin in early 2014. There are two components to the program: 1) separation and collection of kitchen scraps and 2) curbside pickup of both garbage and kitchen scraps.

The change to curbside pickup from backyard pickup will mean that residents will need to move their bins to the roadside for collection and return the empty bins to their original location once emptied by Public Works crews.

The Township recognizes that there are people who need help returning bins to their homes and will be providing assistance for qualified individuals through the *Residential Solid Waste Assistance Program*.

The *Residential Solid Waste Assistance Program* is designed for those with disabilities, and seniors over the age of 80 years of age who have no other resident on their property capable of providing assistance. If you are under 80 years of age you will need to provide an existing Disabled Parking Permit or a note from your doctor to qualify for this service.

If you meet the criteria of the program, please fill out the attached *Residential Solid Waste Assistance Program Application Form*. For detailed information and frequently asked questions, please go to www.esquimalt.ca/2bins, or call 250-414-7108.

Township of Esquimalt

Residential Solid Waste Assistance Program

Assessment for Special Garbage Collection Arrangements

Part 1 (to be completed by Applicant)

Property Address

Applicant's Name

Phone Number

I am applying for the Solid Waste Assistance Program on the grounds that (please check one);

I am a disabled person who is unable, without undue hardship or risk to health, to roll a wheeled tote to and from the curbside, as a result of a permanent or temporary physical disability. **(Part 2 required)**

I am over the age of 80. **(Part 2 not required)**

And no other resident of my property is capable of rolling a wheeled cart to and from the curbside.

Applicant's Signature

Date

****Note:** If you currently have a Disabled Parking Permit, please put your permit number here _____ and you will not be required to take this form to your doctor.

Part 2 (to be fill out by Physician)

Physician's Name

Phone Number

Address

Postal Code

Physician's

The date I last saw the applicant was: _____

In my opinion, the applicant is unable, without undue hardship or risk to health to roll a wheeled tote to and from the curbside as a result of a ___ permanent or a ___ temporary physical disability.

If a temporary disability, please indicate the expected date of recovery _____

Physician's Signature

Return Application to:

Township of Esquimalt
1229 Esquimalt Road
Esquimalt, BC, V9A 3P1

Enquiries: 250-414-7108
Fax: 250-414-7160
Office Hours: 8am – 4pm
Monday - Friday