Medical Waste Exemption

CONFIDENTIAL

The personal information collected on this form is being collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Town of Comox Solid Waste Management Bylaw No. 2027. Should you have any questions regarding the collection or use of your personal information, please contact the Town of Comox by either email: town@comox.ca or phone: 250-339-2202.

The Medical Waste Exemption program provides additional garbage cart capacity.

APPLICANT, PERSON REQUIRING EXEMPTION

First Name:	Last Name:
Address:	
Phone:	Email:

DESIGNATE, SUPPORT PERSON FOR APPLICANT (if applicable)

First Name:	Last Name:
Phone:	Email:

EXEMPTION IS REQUIRED FOR ☐ Temporary Period ☐ Long-Term

TERMS AND CONDITIONS

1. By submitting this application, I confirm that all waste has been diligently sorted to divert recyclable and organic materials away from the garbage, and that the remaining non-hazardous medical waste exceeds the capacity of the assigned garbage cart.
2. I understand that the Town of Comox may require confirmation from a physician that a medical condition results in a volume of garbage that exceeds the capacity of the assigned garbage cart.
3. Should this exemption request be approved, I understand that:
   a) The Town of Comox may change garbage limits, curbside collection requirements, and the terms and conditions of the Medical Waste Exemption Program.
   b) All waste must continue to be sorted to divert recyclable and organic materials away from the garbage.
   c) The additional garbage cart capacity is only for the approved applicant and purpose. It cannot be transferred to another address, retained for use by other occupants, or left at the property for use by a future owner or occupant.

   I will notify the Town of Comox:
   - when the exemption is no longer required by the applicant; or
   - if the applicant plans to move.

   Email publicworks@comox.ca / Phone: 250-339-5410

DECLARATION

By signing this form, I certify that the information provided in this application is complete and accurate, and I understand and agree to the Terms and Conditions set out above.

Date:	Applicant (or Designate) Signature:

Email your application to publicworks@comox.ca or deliver it to Municipal Works at 1390 Guthrie Road.

The Town Public Works Department will contact you to advise of the application outcome and any next steps.

Questions? Contact Public Works at publicworks@comox.ca or 250-339-5410

This form can be found at comox.ca/medicalwaste