



# Curbside Collection Assistance Program

The Curbside Collection Assistance Program allows the collection contractor to enter private properties and remove properly contained garbage, curbside recycling, and organics for collection.

**Completed forms may be delivered to the Regional District office by one of the options below:**

**Attention: Solid Waste Services Coordinator by one of the options below:**

- 1) Mail: **Regional District Kitimat-Stikine**  
300 – 4545 Lazelle Avenue  
Terrace, British Columbia V8G 4E1
- 2) Fax: **250-635-9222**
- 3) Email: [wasteapplications@rdks.bc.ca](mailto:wasteapplications@rdks.bc.ca)

## Applicant Information

Last Name:	First Name:
Address:	
Postal Code:	Telephone Number:
Email (optional)	Collection Day:

***I hereby apply for this service and agree to the following eligibility requirements and conditions:***

- I have a temporary or permanent physical disability that prevents me from moving garbage, recycling, and organics to and from the collection point and do not have an able-bodied person to help me with this activity.
- A medical doctor has signed the verification of disability section of this application.
- The properly contained garbage, recycling, and organics must be freely accessible and not placed inside closed buildings or a locked area and the driveway must be free of snow, ice, and obstructions.
- All waste must be properly segregated under the parameters of the Terrace Area Curbside Collection Program.
- If an able-bodied person becomes available prior to the expiry of an approval the occupier will notify the Regional District, and this service will no longer be provided.
- This application must be renewed every year (1) year.
- Verification of the disability by a medical doctor must be renewed every two (2) years.
- The Regional District Kitimat-Stikine and their contractors are not responsible for any damage to private property resulting from the provision of this service.



## Application Affidavit

This application is a:       New Application       Renewal

Number of persons living in the household: \_\_\_\_\_

I certify that the information provided is true and accurate and that I meet the conditions of the Collection Assistance Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Verification of Disability

### To be completed by an authorised Medical Doctor

I certify that the patient \_\_\_\_\_ has a temporary or permanent physical disability and is unable to move garbage, recycling, or organics containers to the curbside collection point.

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

Physician's Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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

This Disability is:

Temporary, the expected date of recovery is: \_\_\_\_\_  
(Physician's verification required for New Applications and Renewals)

Permanent  
(Physician's verification required for New Applications only)

## Office Use Only

The application is:

Approved and the date of renewal is: \_\_\_\_\_

Denied

Notes:

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved by: \_\_\_\_\_