



# CITY OF PRINCE GEORGE

BC's Northern Capital  
1100 Patricia Boulevard, Prince George, B.C., Canada V2L 3V9  
Telephone (250) 561-7600 / email ServiceCentre@city.pg.bc.ca

## APPLICATION FOR SERVICE LEVEL CHANGE

### SET OUT / SET BACK SERVICE

**Set Out / Set Back Service in which collection crews will enter my private property to move a solid waste collection cart to the curb for collection and return it to the property.**

I, \_\_\_\_\_ as occupier of the property located at  
(Last Name) (First Name)

Address: \_\_\_\_\_  
(Street Number) (Street Name)

\_\_\_\_\_  
(City) (Province) (Postal Code)

hereby apply for this service and agree to the following conditions:

- The occupier of this property has a permanent physical disability that prevents him/her from moving the cart to and from the collection point and does not have an able-bodied person to help them with this activity;
- The occupier must provide written proof of permanent physical disability, or have your doctor sign the verification of disability section;
- The cart shall be freely accessible and not to be placed inside closed buildings or a gated area;
- If an able-bodied person becomes available prior to the expiry of an approval, this service will no longer be provided;
- The City is not responsible for any damage to private property resulting from the executing of this service.

Applicant's Information  New  Renewal

What is the nature of the disability? \_\_\_\_\_

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

I certify that the information I have provided is true and accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

**VERIFICATION OF DISABILITY**

**TO BE COMPLETED BY AN AUTHORIZED MEDICAL DOCTOR**

I certify that my patient \_\_\_\_\_ has a permanent physical disability and is unable to move a solid waste collection cart to and from the collection point.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Please note that your doctor may charge for this service, and that you are responsible for paying any costs involved in getting this information.

**OFFICE USE ONLY**

Your application is approved      *or*       Your application is denied

Verification of Disability Form Received

The occupier will assist with any special designations as may be required to alert the crews that this type of collection service is required; and comply with the following:

\_\_\_\_\_

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

Manager of Environmental Services: \_\_\_\_\_