



HOME HEALTHCARE WASTE Certification Form

Curbside Collection Set Out Limit Increase

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and/or the Personal Health Information Protection Act and will be used for the purposes of responding to your request. Questions about this collection should be directed to the Clerk at (613) 543-2673 or 800-265-0619.

This document certifies that _____ requires extra waste collection
(Name of Patient)

as a result of medical homecare treatment at _____
(Home Address of Patient – Street Address, Town, Postal Code)

The Municipality requires confirmation of homecare by a health care provider to assure compliance before the expanded collection be approved.

(Name of Healthcare Professional – Print)

(Signature of Healthcare Professional)

(Health Care Contact – Telephone Number/Address)

Service being requested includes:

Add to 'Home Healthcare Waste Register' and received garbage bags for garbage collection (excess of 2 bag limit) up to a maximum of twenty-six (26) bags annually.

Remove _____ from 'Home Healthcare Waste Register'
(Name of Patient)

(Signature of Patient or Representing Family Member)

(Contact Information – Telephone)

Upon completion of this form please submit to:

Municipality of South Dundas
34 Ottawa Street
P.O. Box 740
Morrisburg ON K0C 1X0

Fax: 613-543-1076

Email: mail@southdundas.com