

Return to:  
Town of Aurora  
100 John West Way, Box 1000  
Aurora, ON L4G 6J1  
Attention: Access Aurora – Assisted Recycling Collection Service  
Email: [info@aurora.ca](mailto:info@aurora.ca)  
Inquiries: 905-727-1375  
Fax: 905-726-4732



## ASSISTED RECYCLING COLLECTION SERVICE APPLICATION

This form is to be completed by the Aurora resident(s) residing at the address stated below, the residents' physician and mailed to the above address.

### 1. RESIDENT INFORMATION (please print)

Name(s):

Address:

Postal Code:  Telephone No.:

Nature of illness: Permanent: Yes  No

Temporary: From  To

For how long will the assisted collection be required?

I/we acknowledge and certify that:

- (a) My/our medical condition is such that I/we am/are unable to carry recycling material to the curb for collection.
- (b) No other person resides at the address that is capable to place out the material.
- (c) No other person (friend/relative/contractor) is available to place out the material.
- (d) I/we will notify the Infrastructure and Environmental Services department if any of the above conditions change.
- (e) I/we understand that the designated collection point(s) can only be approved by the Senior Manager or designate and must be complied with.

(Note: if this application is approved, it will be subject to an annual review and the service may be terminated if the above conditions no longer apply.)

Signature(s) of Resident:  Date:

**2. PHYSICIAN'S CERTIFICATION: (please print)**

Physician's Name:

Address:

Postal Code:

Telephone No.:

This is to certify that due to medical reasons the above named resident(s) is not physically able to carry their recycling material to the curb by themselves.

**Signature of Physician:**

**Date:**