



## APPLICATION FOR SET OUT/SET BACK SERVICE

The purpose of this form is to obtain information about the occupant's physical and/or cognitive functional ability to verify eligibility for the City of Port Alberni's set out/set back service. This application may be replaced, amended or updated by the Manager or Operations as required.

### Applicant Information

Name:	
Phone Number:	
Email Address:	
Civic Address:	
Reason for joining program:	

### Eligibility Requirement (All must be checked)

- Resident lives alone (no other tenants on the property)
- Resident does not have a close neighbour or family member who is willing to put cart at curb for them
- Resident's mobility is impaired such that they are not able to wheel the new automated carts to the curb
- Resident has a medical note to prove their eligibility for the service

The pre-agreed cart collection location is: \_\_\_\_\_

I certify that I have verified the above requirements and further, that if personal circumstances change rendering myself no longer eligible or should an able-bodied person become available to assist in cart transfer, I am required to notify the City and this service will no longer be provided. I understand this authorizes collection crew to enter my property to move standard carts to the curb for collection and return them to the property and I agree to the additional annual charge for this service. I understand the City is not responsible for any damage to private property resulting from the undertaking of this service.

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

\_\_\_\_\_  
Signature (City Staff)

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Print Name (City Staff)

This form is to be filled out by Operations staff at the applicant's home during onsite visit. The onsite visit will help staff understand whether the occupant meets the program eligibility requirements and allows staff to identify an agreed upon cart collection location. This form must be completed in full and returned to the Manager of Operations.

<b>OFFICE USE ONLY</b>	
Application is approved	or Application is denied
_____ Date Received	_____ Signature (Streets Superintendent)