

**Application for Special Needs Solid Waste Pick Up
Set out/Setback Service**



Town of Pincher Creek
962 St. John Avenue, PO Box 159
Pincher Creek, AB, T0K 1W0

Phone: (403)627-3156 Fax: (403)627-4784

Email: reception@pinchercreek.ca Website: www.pinchercreek.ca

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, _____ occupier of the property located at,
Please Print Name

_____, hereby apply for this service and agree to the
Street Address

following conditions:

- The occupier of this property has a permanent physical disability that prevents him/her from clearing any accumulated snowfall from the property.
- 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, or you move from this address, the Town will be notified and this service will no longer be provided.
- The Town of Pincher Creek is not responsible for any damage to private property resulting from the executing of this service.

What is the nature of the circumstances surrounding this request for special snow removal accommodation? *If you wish not to disclose the nature why this service is needed, please skip this question and provide a doctor's note.*

Contact Information

Mailing Address: _____ City/Town: _____ Province: _____

Phone: _____

Email: _____

I certify this information I have provided to be true and accurate.

Signature

Date

Office Use Only

Was a Doctor's Note Provided? _____

Date added onto Accommodation List/Iworqs? _____

Reviewed by Community Peace Officer: _____

The personal information on this form is being collected for the purpose of administrating solid waste for the Town of Pincher Creek, under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). It is protect be the privacy provisions of the FOIP Act. If you have any questions about the collection, please contact the FOIP Coordinator at 403-627-3156.

Department Use Only

Approved Date Approved _____

Denied Reason for Denial _____

Reviewed by: _____

IWorQ entry: _____

Renewal
