

# City of Williams Lake

450 Mart Street  
Williams Lake BC, V2G 1N3  
Telephone (250) 392-2311

## **APPLICATION FOR SERVICE LEVEL CHANGE For single family residential dwellings**

### **CHANGE IN SERVICE**

Change in Service, in which I request the size of the carts assigned to my property, be changed.

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

Address: \_\_\_\_\_  
(Apt #) (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 240 litre cart, and not the 120 litre 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 on the reverse of this page;
- **Once a residence has 120 litre carts, it will cost \$130 to change to 240 litre carts.**

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

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

\_\_\_\_\_  
(Signature) (Phone Number) (Date)

### **OFFICE USE ONLY**

Your application is approved *or*  Your application is denied

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

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

Director of Operations: \_\_\_\_\_

## 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 240 litre 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.