

DISABILITY EXCEPTION APPLICATION

(By-law 2014-111, as amended by By-law 2025-119)

last updated March 5, 2026

PREAMBLE

Under the City of Cornwall's in force Collection, Removal, and Disposal of Solid Waste and Recyclables By-law, being By-law 2024-111, as amended by By-law 2025-119 (hereafter the "**Waste Management By-law**"), there are four (4) exceptions to the requirements of its Bag Rules (as defined therein): those exceptions being the Disability Exception (P(1.)(a)(i-xi)); Extra Bags Exception (P(1.)(b)(i-iv)); Other Collectible Material and Special Program Exception (P(1.)(c)(i-ii)); and the Diaper Exception (P(1.)(d)(i-ii)).

DISABILITY EXCEPTION

In the event that any individual who creates waste has a genuine disability which prevents them from adhering to a requirement of the By-law, they are permitted to request a personal and private disability exception to be recognized by the City using this confidential Disability Exception Application.

Medical confirmation of disability from a medical professional licenced to provide medical "controlled acts" in Ontario, as defined by the *Regulated Health Professionals Act, 1991*, S.O. 1991. c. 18, as amended or replaced must accompany this Application (and shall not include any undue information, such as diagnosis or medical particulars).

The City reserves the right to verify disability status with the applicable licenced medical professional identified by an applicant. By providing this Application, the applicant will be deemed to have consented to the City contacting the applicable third-party medical professional to confirm the disability status and functional abilities of the applicant, such that a potential accommodation may be considered by the City.

Applications will be considered at the discretion of the City under individual circumstances and be answered in writing within two (2) weeks of the application by the Division Manager, Environmental Services or their designate.

In the event that accommodation based on disability is recognized by the City, in writing, such accommodation serves as a Disability Exception, as defined by the By-law, allowing a qualifying individual to either place additional bags to the curb above the set limit, use certain opaque bags specified in writing when placing additional bags to the curb, or receiving some other discretionary accommodation specified in writing by the City.

Please see subsection P(1.)a(i-xi) of the By-law for the full Accommodation Protocol.

If you require a disability exception, please complete this confidential Application and return to the Division Manager for consideration.



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This **CONFIDENTIAL** Application is for City of Cornwall residents who may need to place additional bags to the curb above the set limit, use certain opaque bags specified when placing additional bags to the curb, or receive some other discretionary accommodation due to a disability. Residents must live within a single-family home or in an apartment building with six (6) units or less and currently receive curbside collection provided by the City of Cornwall.

Please complete and return this form by mail, fax, or email:

Waste Management Department

861 Second Street West

PO Box 877

Cornwall, ON K6H 5T9

Fax: 613-932-4506

Email: wm@cornwall.ca

Please mark all correspondence as "confidential"

Resident Information

Please check if this is a renewal application

First name of resident/person responsible: _____

Last name of resident/person responsible: _____

Address: _____ Municipality: _____ Postal Code: _____

Telephone: _____ Email: _____

Collection day (day of the week in which garbage is collected): _____

If your application is approved, you will be provided with official exception tags by the City, which must be affixed to your exempted bag(s). Tags can be picked up **by appointment** from the City of Cornwall Waste Management Department, 861 Second Street West, Cornwall between 8:00 am and 4:00 pm Monday through Friday, or mailed directly to your home.

Delegate Information (if applicable)

Are you completing this application on behalf of the resident with the disability?

Yes

No

If yes, state your relationship to the resident with the disability: _____

Delegate first name: _____ Delegate last name: _____



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Address: _____ Municipality: _____ Postal Code: _____
Telephone: _____ Email: _____

Terms and Conditions

I acknowledge the following:

Waste created due to the needs of a disability does not have to be disposed of separately if a household can stay within the weekly bag or container limit.

This allowance is due to a disability accommodation only, and no other waste shall be placed in the bag/can.

The exception tags are for use by the above noted resident only and cannot be transferred or sold.

If the accommodation is no longer required, I will notify the City and return any remaining tags.

I will notify the City if I move.

Any individual granted a Disability Exception by the City where a third party medical professional has not confirmed the applicable disability giving rise to the granted exception as being permanent, will be required by the City at reasonable intervals and upon request by the City, to provide an updated confirmation of applicable disability from a third party medical professional (without undue information, such as diagnosis or medical particulars), to allow the City to evaluate the exception's continuance.

Any individual granted a Disability Exception by the City based on a third party medical professional opinion confirming that the applicable disability is permanent will not need to resubmit their application for their waste management Disability Exception to continue over time.

The City of Cornwall will not be responsible for any lost or stolen tags.

I agree that any personal information provided here may be shared with the City's third-party waste management contractor, in order to provide me with this service. I understand that this information will not be shared with any other party and will only be used to contact me with regards to my application.

I agree to the terms above and hereby certify that the information provided is true and accurate.

Please check if delegate is signing on behalf of resident with a disability

Signature of resident: _____

Date: _____

City of Cornwall representative approval: _____

Date: _____

This form has been approved and information sent to the waste management contractor

"This information is collected by The Corporation of the City of Cornwall under the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31, s. 39 (2) for the purposes of applying for a Disability Exemption."

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Certification by Medical Professional

Medical Professional's Name: _____

Medical Professional's Title: _____

Address: _____ Postal Code: _____

Telephone: _____

Number of tags per week required (Please Circle)

1 2 Other _____ (please define)

I certify that the above-named resident's disability results in the generation of waste that is deemed sensitive in nature and should be contained in an opaque bag or additional waste due to the disability and therefore will require exception from the Bag Rules of the By-law.

Medical Professional's signature: _____ Date: _____

Patient Name: _____

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General Information

Please keep this page for your records:

1. If your application is approved, a supply of tags will be provided to you to affix to the extra bags/containers of waste over, which would be contrary to the By-law's Bag Rules but for the recognized exception.
2. This exemption is for waste generated due to a disability only, and no other waste shall be placed in the bag.
3. Each bag of waste above the bag/container limit must have a tag in order for it to be collected.
4. The exception tags are for use solely by the applicant and cannot be transferred or sold.
5. All materials must be at the curb no later than 7:00 am on your scheduled collection day, and must not be set out prior to 5:00 pm. During times where a snowfall of more than 5cm is anticipated garbage must be placed out the morning of your scheduled collection day.
6. If the disability exception is no longer required, I will notify the City of Cornwall and return any remaining tags.
7. I will notify the City if I move.
8. I will renew my application with the City as required for continued service. A renewal form shall be sent to you prior to the expiry of this service.
9. If necessary, please report any service issues to the Waste Management Department at 613-937-1777 or email wm@cornwall.ca