



City of Kawartha Lakes
Public Works, Waste Management
P: 705-324-9411
E: recycling@kawarthalakes.ca

City of Kawartha Lakes - Medical Waste Register Program

The Medical Waste Register is available to residents and medical professionals who need to place more garbage at the curb than the limits allowed under the City's Waste Management By-law. This could be due to in-home treatment or other medical reasons. The program provides 50 free garbage tags per request to help manage this additional waste.

Due to recent changes in waste sorting and accepted materials (including expanded organics and recycling programs), we are requesting that a new application form be submitted with each request for additional tags. Tags will continue to be issued in sets of 50.

To qualify for the Medical Waste Register:

1. Complete the top portion of the **Medical Waste Registry Form** (page 2);
2. Take the form to your health care professional to fill out the bottom portion. This will confirm that, due to medical reasons the address identified requires extra waste to be produced. **Your medical practitioner must sign the form**;
3. Email or mail the completed form to:

City of Kawartha Lakes
Public Works, Waste Management
322 Kent Street West, PO BOX 9000,
Lindsay, Ontario, K9V 4T7
recycling@kawarthalakes.ca

Please note that this program is intended only for residents with medical needs. It does not apply to large households, businesses, or individuals who exceed set-out limits for non-medical reasons.

For questions about the program, eligibility, or application process, please contact the City's Waste Management Department.

Thank you

City of Kawartha Lakes

Medical Waste Registry Form



Please email completed form to recycling@kawarthalakes.ca

Service Request

- New Register - add the Patient to the Medical Waste Register
- Request for renewal and to send additional garbage bag tags
- Remove the Patient from the Medical Waste Register

Patient General Information

Name of Patient _____

Address _____

City /Town _____

Postal Code _____ Province _____

Phone # _____ Email _____

Representing Family member (if applicable)

First Name _____

Last Name _____

Signature of the Patient or their Representing Family Member:

Date of request _____

Health Care Professional Section

This document certifies that the Patient named above requires extra garbage collection as a result of medical homecare treatment or other medical reasons, at the address identified above.

The City requires confirmation by a Health Care Professional to assure compliance with the program. If approved be issued in sets of 50 garbage tags at a time.

Name of Healthcare Professional _____

Address _____

Phone # _____ Date _____

Signature of Healthcare Professional: