

Please print and complete the form below and return to :

Neighbourhoods  
Epping Forest District Council  
Civic Offices  
323 High Street  
Epping  
Essex  
CM16 4BZ

Telephone: 01992 564608

**ADDITIONAL CAPACITY ON MEDICAL GROUNDS – QUESTIONNAIRE**

1. Please confirm your address and telephone number in this space:

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Tel No: \_\_\_\_\_

2. Reasons for requesting additional capacity facilities for refuse

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We assess every case on its merits, it would assist us if you are disabled, if you provide details of the relevant number/reference eg: blue badge scheme or visually impaired

3. Does anyone else live with you in your home?  Yes  No

4. Please advise as to the number of people living in the same house \_\_\_\_\_

5. Please provide information on the type and amount of waste your medical condition will create on each waste collection that cannot be recycled.

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6. This section must be completed by your Healthcare professional/GP along with sections A) and B)

<b>Healthcare Professional/GP Name</b> (Please Print in Block Capitals)	
<b>Contact Telephone Number</b>	
<b>Address:</b>	
<b>Date :</b>	

a) Please give full details of medical condition

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b) Please give full details of the type and quantity of waste that will be produced from this condition:

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**This section to be completed by the applicant:**

I confirm that the information I have given is true and give my permission for the Council and its officers to carry out any necessary checks to verify the information I have given is correct. I understand the Council will treat the information I have provided as confidential and that it will not be used for any other purpose.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please note that if this form is not returned within two weeks from the date of this letter it will be assumed that you no longer require additional capacity and you will be removed from the list.**

**For office use**

Agreed / Rejected

If agreed – additional capacity details required

Litres

Signed:

Date:

**Comments**