Whitewater Region Contractor / Third Party Landfill Disposal



This form shall be completed and signed by Contractors or Third Party

haulers **AND** Property Owners prior to being permitted to deposit waste from a residence or commercial / institutional property, at the Township of Whitewater Region Municipal landfill. This form must be presented when attending the landfill with each load. All payments due to the Township shall be paid by the hauler at the time of disposal.

Section 1 - Property Owner Information

Name	Business Name (if applicable)	
Street Address	City	
Province	Postal Code	
Telephone Number ()	Email Address	
Section 2 - Hauler/Contractor In	formation	
Business Name	Email Address	
Contact Name	Telephone Number	
Street Address		
City	Province	Postal Code
Section 3 - Type of Waste (selec	ct all that apply)	
\Box Construction (\Box Sorted or \Box Un-	sorted)	
□ Demolition (□Sorted or □Un-so Substance Survey (please attach p	, , ,	with Demolition Permit and Designated ail).
□ Shingles □ Drywall □ Wood	I 🗆 Garbage 🛛 Ma	tress/Box Spring/Couch
\Box Agricultural Plastic (\Box Baled or [□Un-baled) □ Blue B	ox Recycling
Section 4 - Acknowledgement		
		Il waste is <u>generated from the property</u> ardous materials, including but not limited to
Property Owner	Signature	Date:
Hauler	Signature	Date:
Developed information on this former is and		of the Municipal Freedom of Information and

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O c.M.56 as amended and will be used to authenticate third-party hauler requests. Inquiries may be directed to the Clerk by telephone at 613-646-2282 ext. 123 or by email at cmiller@whitewaterreegion.ca