

RM OF SARNIA #221 WASTE DISPOSAL PROGRAM AGREEMENT

BETWEEN:

RM OF SARNIA #221 Box 160, HOLDFAST, SK S0G 2H0

-. AND -

Name: _____

Mailing Address: _____

Phone #: _____ Cell #: _____

Email Address: _____

Do you currently have a waste container? ☐ Yes ☐ No If yes, who is your provider? _____

I/We request to participate in the RM of Sarnia # 221 Waste Disposal Program which includes my following choice of a Loraas Disposal waste container on an every 4 week service:

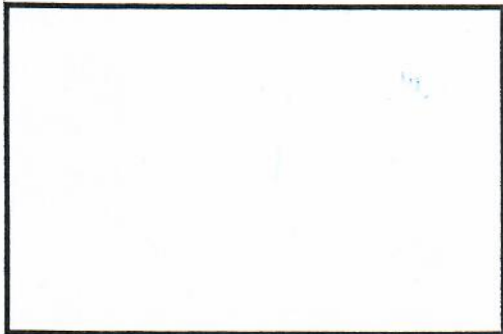
_____ 3 yard waste container _____ 4 yard waste container _____ 6 yard waste container

\$47.74

\$63.65

\$95.47

I/We understand that there will be a delivery fee and that I am responsible for that cost. Delivery fee will be \$150.00



LEGAL LAND LOCATION :

QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ - W2

Please provide a sketch of the location in your yard for placement of the Loraas Disposal container (in the box to the left).

Disposal containers must be located in an area free of overhead lines, branches and on firm ground. Please ensure area is kept free and clear of obstructions including snow and accessible to empty. Hazardous materials such as tires, paint, used oil, propane/fuel containers, batteries, animals, large furniture/appliances and shingles are not allowed in the container. Overflowing bins may be subject to additional charges.

By signing this agreement, I understand that it is my responsibility to abide by the above regulations.

Ratepayer Signature

Printed Name

Date

Accepted by the RM of Sarnia #221 _____
Administrator Date

SUBMIT COMPLETED FORM TO: RM OF SARNIA

EMAIL: RM.SARNIA@SASKTEL.NET

FAX: 306-488-4609