

RM OF THE GAP # 39 WASTE DISPOSAL PROGRAM AGREEMENT

BETWEEN:

RM OF THE GAP # 39 BOX 188, CEYLON, SK S0C 0T0

- AND -

Name: _____

Mailing Address: _____ City: _____ Postal Code: _____

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 the Gap # 39 Waste Disposal Program which includes my following choice of a Goliath Disposal waste container serviced every 4 or 8 weeks:

CONTAINER SIZE & SERVICE LEVEL:	___ 3 yard	Every 4 Week Service \$ 20.00/empty_____
		Every 8 Week Service \$ 20.00/empty_____
	___ 4 yard	Every 4 Week Service \$ 30.00/empty_____
		Every 8 Week Service \$ 30.00/empty_____
	___ 6 yard	Every 4 Week Service \$ 50.00/empty_____
		Every 8 Week Service \$ 50.00/empty_____



LEGAL LAND LOCATION :

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

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

Disposal containers must be located in an area free of overhead lines, branches and 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 and large amounts of metal 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 the Gap _____

Administrator

Date

SUBMIT COMPLETED FORM TO: **RM OF THE GAP**

EMAIL: RMGAP39@SASKTEL.NET

FAX: 306.454.2627