



**Application for
 Service Level Change
 for Solid Waste Collection**

Name : _____
Street Address : _____

Phone : _____
Postal Code : _____

Number of Solid Waste Containers	Size (Litre)	Number of Carts with Locks	Presently, I Have The Following Carts	I Wish To Change My Carts So I Have
Garbage Carts:	240 Litres	_____	_____	_____
	360 Litres	_____	_____	_____
Recycling Carts:	240 Litres	_____	_____	_____
	360 Litres	_____	_____	_____
Green Waste Carts:	240 Litres	_____	_____	_____
	360 Litres	_____	_____	_____

I agree that any fees as required in Bylaw No. 3715 Schedule C and presented in Schedule D, will be paid for the service provided:

 (Signature of Owner or Owner's Representative)

 (Date)

Fax Application to Engineering & Operations Department at 604-927-5407