

RM OF TECUMSEH # 65 WASTE DISPOSAL PROGRAM AGREEMENT

BETWEEN:

RM OF TECUMSEH # 65 Box 300, STOUGHTON, SK S0G 4T0

- AND -

Name: _____

Mailing Address: _____

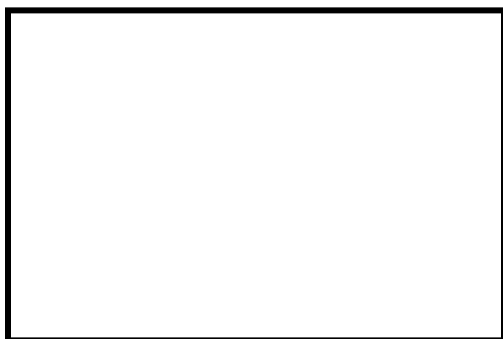
Phone #: _____ Cell #: _____

Email Address: _____

I/We request to participate in the RM of Tecumseh # 65 Waste Disposal Program which includes 1 – Goliath Disposal 3 yard container serviced every 4 weeks at the following location:

LEGAL LAND LOCATION : QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ - W2

I/We understand that there will be a delivery fee of \$ 75.00 and that I am responsible for that cost and will be billed to me directly from Goliath Disposal, along with an overfull fee of \$ 30.00 should I fill my bin above the top edge.



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.

Please note that should you require an additional empty of your container up and above the every 4 week service, you, the ratepayer, will be responsible for the cost and billed directly from Goliath Disposal.

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 Tecumseh _____
Administrator

Date