



# Application for Waste Collection Services

New Submission

Change (Specify):

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY / MM / DD

The undersigned requests the extended "on-site" waste collection service(s) as provided by Halton Region.

**Note: Requests will not be processed unless the attached general release form is signed and sealed. All applicants must provide a reduced current site plan.**

### Applicant:

Name of person completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

I have authority to act on behalf of the property owner

Name of Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

\_\_\_\_\_

### Please indicate which service you require:

Front-End Garbage Collection

Curb side Garbage Collection

Semi Automated Recycling Collection

Other (Specify): \_\_\_\_\_

Semi Automated GreenCart Organics Collection

\_\_\_\_\_

### Collection is requested at:

Name of Property: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Details of Location:**

Building Type: \_\_\_\_\_

Site Plan Application Number: \_\_\_\_\_

Number of Units: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Condominium:  Yes  No

HCC #: \_\_\_\_\_

Owned and Rental Units:  Yes  No

Halton Community Housing Corporation:  Yes  No

Number of Pick-Up Locations: \_\_\_\_\_

**Garbage Containers (for Front-End Garbage Collection Service Only)**

Number	Size (cubic yards)	Wheeled/ Stationary	Compacted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Enclosures (for Front-End Garbage and/or Automated Service Only)**

Location on Property	Size

**Garbage Disposal Location: (check the one that applies)**

<input type="checkbox"/> Chute on every floor	<input type="checkbox"/> Residents bring to ground level / outside
<input type="checkbox"/> Chute and ground level	<input type="checkbox"/> Other (specify):

**Blue Bin Recycling (360L)/(95Gal.) for Semi Automated Collection**

Current Number of Bins on Site:	Number of Bins Requested(1 bin per 7 units):

**Recycling Deposit Location: (check the one that applies)**

<input type="checkbox"/> Chute on every floor	<input type="checkbox"/> Recycling Room
<input type="checkbox"/> Chute and Recycling Room	<input type="checkbox"/> Recycling Containers on each floor
<input type="checkbox"/> Recycling Underground	<input type="checkbox"/> Recycling Outdoors
<input type="checkbox"/> Other (specify):	

**GreenCart Organics (360 L (95Gal.)) Semi Automated Service Only**

Current Number of Bins on Site:	Number of Bins Requested (1 bin to 25 units):

**GreenCart Organics Location: (check the one that applies)**

<input type="checkbox"/> Chute on every floor	<input type="checkbox"/> Chute and GreenCart Room
<input type="checkbox"/> Residents bring to ground level / outside	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> GreenCart container on each floor	<input type="checkbox"/> GreenCart underground

**Important Information**

- Collection area to be signed and kept clear of parked vehicles
- Collection area must be fully cleared of snow and ice and salted during winter months
- Do not place bulky items and white goods (both as defined in the Region's Waste Collection By-law) in front of containers
- Regularly clean and sanitize containers
- All waste must be set out at the collection point for pick up before 7:00 a.m. on your scheduled collection day

Personal information on this form is collected pursuant to section 2 of By-Law No. 30-96, A By-Law to Govern the Collection of Waste, and will be used to process your application for private property waste collection services and to administer the Region's Waste Management Services Program. Questions about the collection of your information can be directed to: Manager of Waste Management Planning and Collection, 1151 Bronte Road, Oakville, ON L6M 3L1, 905-825-6000 or toll free, 1-866-442-5866, ext. 8288.

## For Office Use Only

Application Inspected By:	Date of Inspection: _____/_____/_____ YYYY / MM / DD
---------------------------	---

Service Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YYYY / MM / DD

Zone:

Call-ahead required:  
 Yes  No

Garbage Collection Days: \_\_\_\_\_

Recycling Collection Days: \_\_\_\_\_

GreenCart Collection Days: \_\_\_\_\_

### Comments