



OFFICE USE ONLY

Date: _____

Approved By: _____

Signature: _____

Contractor Authorization for Landfill Disposal

Property Owner Name: _____
(Please Print)

Address of Property: _____
(Where work is taking place)

Owner Phone No.: _____

Contractor Name: _____
(Please Print)

Contractor Phone No.: _____

Project Start Date: _____

Project Completion Date: _____

Building Permit No. (if applicable): _____

The registered Owner of the above-noted property hereby authorizes the Contractor of record to dispose of pre-sorted building material waste resulting from the building / renovation at their property, at the TRI Communal Landfill located at 141 Chetwynd Road. All parties understand that tipping fees will be applied for each load in accordance with the Fees and Charges Bylaw, and that said fees are payable at the time of each visit. This authorization applies only to materials from this project, and only for the duration of the project. An extension of the project completion date will require Owner verification. Administration staff may contact the property owner, at any time, to validate all information provided.

Signature: _____
(Property Owner)

Signature: _____
(Contractor)

The Contractor **must** produce this signed document at each visit.