



DISTRICT OF PARRY SOUND

56 ONTARIO STREET
PO BOX 533
BURK'S FALLS, ON
POA 1C0

(705) 382-3332

Fax: (705) 382-2068

Email: landfill@armourtownship.ca

Website: www.armourtownship.ca

AUTHORIZATION FORM ASSIGNING AUTHORITY TO RECEIVE LANDFILL CARD

If you are unable to attend the Municipal Office in person to pick up the Landfill Card, please complete this form, sign it, and give it to the person who you are authorizing to pick the card up on your behalf.

Your first and last name:	
Your civic address: Example -- 1234 Bighorn Road Katrine Ontario, POA 1L0	
Your phone number:	
Name and civic address of the person authorized to pick up the card on your behalf:	First and last Name:
	Civic address:

By completing and signing this form, I hereby confirm that I am a resident of the Township of Armour and authorize the above named person to pick up my landfill card on my behalf.

_____ Property Owner	_____ Date
_____ Authorized Receiver	_____ Date