



Landfill / Lagoon Site Usage Credit Application – Commercial Only

Business Legal Name: _____
Name of Owner(s): _____
Name of Authorized Signing Officer(s): _____
Mailing Address: _____
Service Address (if different from above): _____
Property Roll: _____ Email Address: _____
Business Phone: _____ Alternate Phone: _____ Fax: _____
Vehicle Plate Numbers Using the Site(s): _____ Capacity (gals) – **Lagoons Only**

Anticipated trips per month: _____ Services: Landfill _____ Lagoon _____ - Site(s) to be used _____

Please Note: Lagoon Haulers are required to submit a current Certificate of Approval for Waste Haulage from the Ministry of Environment.

Lagoon (only): I / we understand that if approved, the initial access card(s) will be provided at no cost, but all subsequent replacement cards will cost \$57.21 each or as approved by the District's By-Law(s), as amended from time to time.

I / we hereby apply for credit and / or card entry key for the purpose of depositing in the District's Landfill / Transfer and / or Lagoon sites.

Landfill (only): The requirements to qualify for a landfill account are that the applicant owns property in The District of Municipality of Muskoka (District) and has a minimum average dumping use of \$100.00 per month.

I / we agree to the terms of usage as approved by District's By-Law(s), as amended from time to time. I / we authorize the District to obtain any credit information and / or licensing required for the purpose of entry and / or credit approval.

- Terms of Credit:
- Interest charges on overdue accounts will apply as per the applicable by-law, as amended from time to time.
 - An NSF charge will apply to all NSF cheques as per the applicable by-law, as amended from time to time.

Credit References (Please provide your banking institution and an additional two credit references).

Banking Institution: _____ Fax / Email: _____
Other: _____ Fax / Email: _____
Other: _____ Fax / Email: _____

I / we have read and understand all of the terms of this credit application, as set out above. I / we request that the District bill us monthly for any fees incurred by us at the various landfill / lagoon sites within Muskoka.

Date Signature Print Name

Personal information on this form is collected by The District Municipality of Muskoka for the purpose of administering this credit application and for no other purpose. Applicants are advised that information collected in this form may be required to be disclosed under the Municipal Freedom of Information and Protection of Privacy Act. Questions should be directed to the Freedom of Information Coordinator at 70 Pine Street, Bracebridge, ON P1L 1N3.

The District Municipality of Muskoka
70 Pine St., Bracebridge, ON P1L 1N3
Phone (705) 645-2100 Fax (705) 645-5319
Email: accountsreceivable@muskoka.on.ca

Office Use Only

Property Roll Confirmed: _____ Account Number: _____ Card Number: _____

Date: _____ Authorization: _____

Comments
