



Waste Management Fee Exemption Form

Date: _____

Roll#: 41-04-_____

Name: _____

Phone Number: _____

Address: _____

Email: _____

Reason for exemption:

I certify, understand and agree that the attached contract is current and in effect. Should there be any changes, I will contact the Municipal office.

Signature: _____

Copy of current contract attached

For Office Use:

Signature: _____
John Strader, Works Superintendent

Date Processed: _____

Tr#: _____