

TOWNSHIP OF BLACK RIVER - MATHESON LANDFILL SITE ACCESS CARD APPLICATION

Cardholder Name (exactly as it will appear on card):			
Taxable municipal address:			
Tenant	Property Owner		
Phone Number:			
I authorize the verification of the information provided on this form. If application is approved, and card issued, I agree to present the card to the landfill site attendant upon request and agree to the inspection of vehicle content to determine nature and quantity of material to be deposited. I agree to be responsible for all applicable tipping fees associated with the use of this card. I have received a copy of this application.			
Only property owners can apply for a tenant's card. Property owners must sign the form. Property owners must pick up card every year.			
Signature of Applicant:	D	ate:	
OFFICE USE ONLY			
Cash Cheque	Debit Card	Credit Cared	
Signature:		Date:	
Comments:			
Mailing Address:		Postal Code:	
Date Card Issued:		Expiry Date:	
(Initial)		(Initial)	