



TOWN OF ARNPRIOR

DECLARATION OF HAULAGE

SECTION 1

PLACE OF ORIGIN

Property Owner Name: _____

Municipal Address: _____

Daytime Contact Phone Number: _____ e-mail: _____

SECTION 2.

HAULER/CONTRACTOR

Business Name: _____ Registration No _____

Contact Name: _____ phone # _____

Full Mailing Address: _____

_____ email: _____

SECTION 3

TYPE OF WASTE

Construction Demolition Shingles Brush Garbage I C I

Other: _____ (please describe)

SECTION 4

ACKNOWLEDGMENT

The Property Owner/Hauler hereby acknowledges all waste is generated from the property above and conforms to the Town of Arnprior Waste Management By-law.

Property Owner: Print: _____ Signature: _____ Date: _____

Hauler: Print: _____ Signature: _____ Date: _____