

## **Commercial Bin Order Form**

| Business Information  |   |
|---|---|
| Business Name   |   |
| Service Address (Street Number, Name, Suite/Unit Number, City/Town, Province, Postal Code)  |   |
| Authorized Representative Information (e.g. Building  | Owner or Business Owner)                                |
| First Name  | Last Name   |
| Telephone Number  | Email   |
| Program and Fee Information   |   |
| Please select: Additional bin   | Replacement bin (missing or stolen)                     |
| Organics  |   |
| How many <b>35 gal</b> . wheeled bins for organic collection wo #carts  | uld you like to purchase (\$63.23 each, excluding tax)? |
| Do you need additional organic pick-ups for a fee?  | Yes No  |
| If yes, do you require:   |   |
| 2 times per week for \$367.85 per year  | 5 times per week for \$1,379.46 per year                |
| (Current collection night and Saturday)   | (Monday to Friday)                                      |
| 6 times per week for \$1,839.27 per year<br>(Monday to Saturday)  |   |
| Minimum subscription is one quarter (three months). Two weeks' notice is required for cancellation of service.                          |   |
| Recycling   |   |
| How many <b>95 gal</b> . wheeled bins for recycling collection would you like to purchase (\$97.72 each, excluding tax)?  #carts        |   |
| Garbage   |   |
| How many <b>95 gal</b> . wheeled bins for garbage collection would you like to purchase (\$97.72 each, excluding tax)?  #carts          |   |
| Your business will be invoiced quarterly at a charge of \$231.64 per Garbage Bin for weekly collection.                                 |   |
| Your business will be invoiced quarterly at a charge of \$115.82 per Garbage Bin for bi-weekly collection.                              |   |
| Please note: Collection frequency is pre-determined. You are not able to request bi-weekly collection if existing collection is weekly) |   |
| Business Owner's Signature  |   |
| (All applicants)  | Application Date  |
| (Request cannot be processed without the signature of the   | ne business owner) Date (yyyy-mm-dd)                    |
| Completed form must be returned via ONE of the following  | owing methods:  |
| 1 Mail Solid Waste Management Service   |   |
| Customer Service and Waste Dive   | ·   |
| 86 Ingram Drive, Ingram Yard, To  2 Fax Attn: Commercial Program  | TOTILO, ON IVIOIVI ZLO                                  |
| (416) 392-0396  |   |
| 3 Email Attn: Commercial Program  |   |

Authority for bin charges found at below website link: <a href="http://www.toronto.ca/legdocs/bylaws/2016/law0752.pdf">http://www.toronto.ca/legdocs/bylaws/2016/law0752.pdf</a>

