

Service Information				
Organization Name	Charitable Number			
Service Address (Street Number and Street Name)		Jtility Service Number		
Site Business Contact Information				
Authorized Representative Name (First, Last)	me (First, Last) Telep		hone Number	
Billing Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)		Email		
Garbage Tag/Yellow Bag Reimbursement				
	Rate per G Tags/Yello		Specify the quantity of Garbage Tags/Yellow Bags purchased at an approved retail outlet	
Curbside Garbage Collection Fee Per Garbage Tag/Yellow Bag (January1, 2016 to December 31, 2016)	\$ 3.39		→	
Curbside Garbage Collection Fee Per Garbage Tag/Yellow Bag (January1, 2017 to December 31, 2017)	\$5.00		→	
 Notes: Please submit individual Reimbursement forms for each individual service address Original Receipts for claim reimbursement must be attached to this form in order to qualify for reimbursement Reimbursement calculations are based on year and date reflected on receipt provided by authorized retail outlet Must have applied and be in receipt of the Eligibility Letter with the Effective Date for the Rate Waiver Program if approved 2016 I validate that receipts submitted represent Garbage Tags/Yellow Bags used fo the above specified Service Address during 2016 and 2017. 			or collection service at	
Authorized Signature Date (yyy)		r-mm-dd)		
Mail the completed form with original receipts to: Charity Rate Waiver Garbage c/o: Data Team Solid Waste Management Ser City Hall, 25 th floor, East Towe 100 Queen Street West Toronto, Ontario M5H 2N2 Inquiries related to this reimbursement Email: <u>swmscs@toronto.ca</u> Subject Line: Charity Rate Waiver Garbage Tag/Yellow Bag Reimbursement			vices er	
Office Use Only – Reimbursement				
Reimbursement = \$3.39 X number of garbage tags/yellow bags purchased				
Reimbursement = \$5.00 X number of garbage tags/yellow bags	purchased			
Total Reimbursement			-	

