

## 2018 Application Charity Rate Waiver Garbage Tag Reimbursement

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)	Tele		elephone Number	
Billing Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)		Email		
Garbage Tag Reimbursement				
	Rate per Garbage Tag		Specify the quantity of Garbage Tag(s) purchased at an approved retail outlet	
Curbside Garbage Collection Fee Per Garbage Tag (January 1, 2017 to December 31, 2017)	\$5.00			
Curbside Garbage Collection Fee Per Garbage Tag (January 1, 2018 to December 31, 2018)	\$5.11			
<ul> <li>Original Receipts for claim reimbursement must be attached to this form in order to qualify for reimbursement</li> <li>Reimbursement calculations are based on year and date reflected on receipt provided by authorized retail outlet</li> <li>I validate that receipts submitted represent Garbage Tags used for collection s specified Service Address during 2017 and 2018.</li> </ul>			service at the above	
Authorized Signature	Date (yyy)		/-mm-dd)	
c S C 10 T Inquiries related to this reimbursement Email: <u>swmscs@toronto.ca</u>	<u>toronto.ca</u> <b>Fax:</b> (416) 392-4754			
	Reimbursement			
Office Use Only – Reimbursement				
Reimbursement = \$5.00 X number of garbage tag(s) purchased				
Reimbursement = \$5.11 X number of garbage tag(s) purchased				
	Total Reimbu	rsement	<b>→</b>	