

Non-Residential Bin Order Form

Charities, Institutions and Religious Organizations (CIRO)

Organization Contact Informa	tion	(Please Prin	t Clearly)	
Organization Name				
Service Address (Street Number, Name, Suite/Unit Number, City/Town, Province, Postal Code)				
Billing Address (if different from above)				
Authorized Representative Name (First, Last)		Registered Charitable Number		
Telephone Number (including extensio ()	n)	Email		
Bin Order Request				
Garbage				
Specify Quantity of Garbage Bins Re	equested			
Small 18 gal Mediu	m 35 gal	Large 65 gal	Extra	Large 95 gal
Fees are associated with collection of garbage bin(s). Organizations with a registered charitable number may be eligible for the Waste Diversion Rate Waiver Program. Visit www.toronto.ca/garbage, under 'Non Residential' for more information.				
Recycling				
Specify Quantity of Recycling Bins Requested Only 95 Gal bins will be provided. No fees associated with the collection of recycling bin(s).				
Organics				
Specify Quantity of Organic Bins Requested Size of organic bin(s) provided will be determined by Solid Waste Management Services. No fees associated with the collection of organic bin(s).				
26 or 35 Gallon Organic Bin(s)				
Authorized Representative Signature (Request cannot be processed without the signature of authorized representative) Date (yyyy-mm-dd)				
For any inquiries, please contact (416) 392-7738				
Completed form must be returned via ONE of the following methods:				
Cus		ent Services Division Waste Diversion Implemen n Yard, Toronto, ON M6M		
2. Fax Attr (410	n: Non-Residential P 6) 392-0396	rogram		
	n: Non-Residential P	_		