

## Multi-Residential Curbside Bin Order Form

Authorized Site Representative Business Information (building owner or condo board president)					
Date (yyyy-mm-dd)		Utility Account Number			
Building Address (Street Number, Street Name)					
First Name		Last Name			
Telephone Number		Email			
Bin Order Request					
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Invoicing Details – Please provide the full mailing address of where the invoice should be mailed  Company /Owner Name (First, Last)					
Company / Owner Name (First, Last)					
Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)					
City	City/Town Province			Postal Code	
Please indicate the quantity of 95 gal. garbage bins you would like to purchase					
(\$99.79 each, excluding tax)  Please indicate the quantity of 95 gal. recycling bins you would like to purchase					
(\$99.79 each, excluding tax)					
Please indicate the quantity of 35 gal. organic bins you would like to purchase					
(\$64.57 each, excluding tax)					
Delivery Instructions: (Please provide detailed instructions of where the bins should be placed upon delivery,					
i.e. please place at back of building near existing garbage hut)					
Authorized Site Representative Signature (Request cannot be processed without the signature of the building owner, property manager or condo board president)  Date (yyyy-mm-dd)					
the signature of the building owner, property manager of condo board president)					
Completed forms would be returned via ONE of the following most hade:					
Completed form must be returned via ONE of the following methods:					
1. Mail Solid Waste Management Services Division Customer Service and Waste Diversion Implementation					tion
86 Ingram Drive, Ingram Yard, Toronto, ON M6M 2L6					
2.	Fax	Attn: Multi-Residential	Curbside Program		
		(416) 392-0396			
3.	Email	Attn: Multi-Residentia	Curbside Program		
		swmsupport@toronto.c	ca		

