

## **Non-Residential City Waste Collection Services**

Applications without the signature of authorized representative, not fully completed or received without charitable number clearly printed will not be processed. For any inquiries, please contact (416) 392-7738.

Organization Information		(Plea	ase Print Clearly)	
Organization Name				
Carries Address (Street Number Street Name Street Type Direction)				
Service Address (Street Number, Street Name, Street Type, Direction)				
Billing Address (if different from above)				
Registered Charitable Number				
Registered Chantable Number				
Authorized Representative Business Information (Please Print Clearly)				
Name (First, Last) (Please Print Clearly)				
Telephone Number (including extension)		Alternate Telephone Number		
Fax	Business Ema			
Building Information (Please Print Clearly)				
What is the ground floor area of the building (not the organization itself) in which your organization is located?				square meters
How many floors are there in the building in which your organization is located (excluding floors below ground floor)?				floors
Are there any residential units in the building?			☐ YES	□ NO
If YES, (a) How many residential units in the building?				
(b) Does the total residential area take up more than one third (1/3) of the building's area?			☐ YES	□ NO
Completed form must be returned via ONE of the following methods				
1. Mail	Solid Waste Management Services Division Customer Service and Waste Diversion Implementation 86 Ingram Drive, Ingram Yard, Toronto, ON M6M 2L6			
2. Fax	Attn: Non-Residential Program (416) 392-0396			
3. Email	Attn: Non-Residential Program swmsupport@toronto.ca			
Office Use Only				
□ Approved	☐ Denied	Effective Date (yyyy-mm-dd)		

