

## RESIDENT POLL

**COPY THIS BLANK PETITION PAGE, AS REQUIRED.  
(MAX. 20 SIGNATURES / PAGE)**

This building has applied to the City of Toronto to close the garbage chute on each floor. This is designed to help

\_\_\_\_\_  
<Enter building name/address>

- Have greater control of the waste stream to encourage recycling and save money;
- Make recycling and garbage equally convenient for residents;
- Make a healthier impact on the environment by increasing waste diversion from landfill.

Signatures from 51% of the units are required in order to be eligible for this program. Only one name per unit can sign the petition. Those who sign must be at least 18 years old.

**We the undersigned agree to the closure of the garbage chute in our building.**

	NAME	SIGNATURE	PHONE NUMBER	UNIT #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

*The personal information on this form is collected under the authority of Article VIII of Toronto Municipal Code Chapter 844, Waste Collection, Residential Properties and the City of Toronto Act, 2006, ss. 7 and 8. The information will be used by the City of Toronto to verify individual's residency information and agreement to the closure of the garbage chute. Questions about the collection may be directed to [SWMSupport@toronto.ca](mailto:SWMSupport@toronto.ca)*

**RESIDENT POLL – SUMMARY**

**This must be submitted with the signed poll page(s) for your building.  
Please keep a copy of all submitted pages for your records.**

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<Enter building name/address>

**TOTAL # of units in building:** \_\_\_\_\_

**Number of signatures obtained:** \_\_\_\_\_

**Submitted by (*print name*):** \_\_\_\_\_

I \_\_\_\_\_ Property manager / Property owner for the property  
at \_\_\_\_\_ (address),  
declare that I clearly and thoroughly explained the anticipated impacts of permanently  
closing the building's garbage chute to each resident that signed this poll.

\_\_\_\_\_  
(Signature)

***MAIL / FAX to:***

Garbage Chute Closure Program  
Solid Waste Management Services  
86 Ingram Drive  
North York ON M6M 2L6  
E-mail: **[SWMsupport@toronto.ca](mailto:SWMsupport@toronto.ca)**  
Fax: 416-392-0396