

NAME#: \_\_\_\_\_

COMMENCING: \_\_\_\_\_



**TOWN OF WATSON LAKE  
LANDFILL TIPPING FEE ACCOUNT**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**CONTACT INFORMATION:**

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I/We hereby apply for a Landfill Account to cover the provision of the above service(s) and agree to pay the amount invoiced.

I realize that failure to pay within 60 days of the due date may result in the balance transfer to the tax account of the respective property, where the transferred balance will be subject to all penalties, interest and liens applied to tax arrears.

\_\_\_\_\_  
**SIGNATURE OF PROPERTY OWNER/ACTING AGENT**