



# Landfill Account Application Commercial Businesses & Contractors Only

Legal Name of Business: \_\_\_\_\_

Trade Name, if different from above: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ I would like to sign up for email billing

### **Terms & Conditions:**

The undersigned hereby declares:

1. Any waste taken to the landfill must be on behalf of a Municipality of West Perth ratepayer.
2. All amounts are payable within 30 days of the specified due date on the invoice received.
3. Any outstanding balances past 30 days will be subject to the current receivables interest rate as per the fees and charges by-law. Interest is applied at the beginning of the month following the payment deadline.
4. Any accounts still outstanding after 60 days will be collected in the following manner:
  - a) For West Perth property owners, an arrears notice will be sent and subsequently transferred to the property taxes for collections as per the Municipal Act.
  - b) For all remaining account holders, if the final notice remains unpaid, the Municipality will commence a third party collections process.

I/We hereby request the Municipality of West Perth to set up an account for billing purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Forms can be submitted to the Municipality by mail or email to:**

Municipality of West Perth  
P.O. Box 609  
169 St. David Street  
Mitchell ON, N0K 1N0

finance@westperth.com

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of reviewing this application. Questions about the collection of the personal information should be directed to the Clerk's Department, Municipality West Perth, 169 St. David Street, P.O. Box 609, Mitchell ON, N0K 1N0

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### Permit Approval (*Office Use Only*)

Status:                      Approved                      Not Approved                      Conditional

Approver: (print name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_