



APPLICATION FOR CONCRETE DISPOSAL

DATE: _____

CONTRACTOR/HAULER: _____

PROJECT ADDRESS: _____

CUSTOMER BILLING: _____

ADDRESS: _____

PHONE #: _____

AGREEMENT

The applicant agrees to pay the Applicable Tipping Fees noted below:

End Dump - \$150 _____	Tandem - \$75 _____	Single Axle - \$40 _____
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It is further agreed and understood that the undersigned shall indemnify and save harmless the City of Camrose from any responsibility for injuries or damage to property or person occurring on the property by reason of or arising from the use and activity herein requested.

Unit Information:

Number of Loads _____ **= Total** _____

LICENSE # _____

TIME IN: _____am _____pm

TIME OUT: _____am _____pm

OPERATOR INITIALS _____

CITY GL# _____

PRINT NAME

SIGNATURE OF APPLICANT:
