



CITY OF CAMROSE

APPLICATION FOR WASTEWATER DISPOSAL

Date: _____

Source of Hauled Product: _____

Hauler: _____

Billing Address: _____

Phone #: _____ License #: _____ Operator: _____

Agreement:

The applicant agrees to pay the Applicable Dumping Fees:

Non-Sanitary Waste Sludge

During Working Hours \$75.00/load After Hours \$150.00/load

Sanitary Waste Water

During Working Hours \$50.00/load After Hours \$100.00/load

Hydro Vac Mud

During Working Hours \$50.00/load After Hours \$100.00/load

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.

_____ Load(s)	Non-Sanitary @ \$75/load	=	\$ _____
_____ Load(s)	Non-Sanitary (After Hrs) @ \$150/load	=	\$ _____
_____ Load(s)	Sanitary @ \$50/load	=	\$ _____
_____ Load(s)	Sanitary (After Hrs) @ \$100/load	=	\$ _____
_____ Load(s)	HydroVac Mud @ \$50/load	=	\$ _____
_____ Load(s)	HydroVac Mud (After Hrs) @ \$100/load	=	\$ _____

Time In: _____ am _____ pm Time Out: _____ am _____ pm

Print Name of Applicant: _____

Signature of Applicant: _____