



APPLICATION FOR WASTEWATER DISPOSAL

Date: _____ Source of Hauled Product: _____

Hauler: _____

Billing Address: _____

City: _____ Postal Code: _____

Phone: _____ License #: _____ Operator: _____

Agreement

The applicant agrees to pay the Applicable Dumping Fees:

Non-Sanitary Waste Sludge

During Working Hours - \$85.00/load After Hours - \$160.00/load

Sanitary Wastewater

During Working Hours - \$60.00/load After Hours - \$110.00/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.

Mandatory Sample Provided

_____ Load(s) Non-Sanitary @ \$85/load	\$ _____	TIME IN: _____
_____ Load(s) Non-Sanitary (After Hrs) @ \$160/load	\$ _____	
_____ Load(s) Sanitary @ \$60/load	\$ _____	TIME OUT: _____
_____ Load(s) Sanitary (After Hrs) @ \$110/load	\$ _____	

All prices may be subject to additional custom charges if the wait is longer than fifteen (15) minutes.

Name of Applicant (printed): _____

Signature of Applicant: _____

QUESTIONS? Contact Public Works at 780.672.5513

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