

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 |
| 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 = To | tal |
| LICENSE # | |
| TIME IN:ampm | TIME OUT:ampm |
| OPERATOR INITIALS | CITY GL# |
| PRINT NAME | SIGNATURE OF APPLICANT: |
| | |

The information that is being collected on this form is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and as such, is protected by the Provisions of this Act. If you have any questions, contact the FOIP Coordinator at (780) 678-3027.