



## 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 - \$110.25/load

After Hours - \$204.75/load

#### Sanitary Wastewater

During Working Hours - \$78.75/load

After Hours - \$141.75/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 @ \$110.25/load	\$ _____	<b>TIME IN:</b>  _____
_____ Load(s) Non-Sanitary (After Hrs) @ \$204.75/load	\$ _____	
_____ Load(s) Sanitary @ \$78.75/load	\$ _____	<b>TIME OUT:</b>  _____
_____ Load(s) Sanitary (After Hrs) @ \$141.75/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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