



Cashier: To provide a Receipt & Orig Application to PW
Copy of Application and Receipt to A/R for further processing.

**CITY OF PRINCE ALBERT
APPLICATION FOR WASTE DISPOSAL GROUNDS MONTHLY
BILLING USE**

I/We _____ Apply to The City of Prince Albert for Approval to be billed on a Monthly basis. The undersigned hereby agree to pay to The City of Prince Albert, based on their usage of the Waste Disposal Grounds, the rates as determined by City Council.

Deposit of \$100.00 **must** accompany this application which will be retained by the City (NO INTEREST PAID) and Refunded when this Application is **CANCELLED**, less any funds owing by the applicant at that time. Please allow five (5) Business Days for processing. Same Day dump may require payment upon dump.

The applicants agree to be responsible for the charges incurred in connection with the waste disposal grounds rate structure with charges on Past Due Accounts 1.5% Per Month (18% Per Annum)

Full Name of Company

Date

Mailing Address

Contact#

City

Province

P/C

Email

Name of Authorized Signature
As Guarantor

Authorized Signature

Receipt#

Acct# 40-32-710-000-00000-3250