

<b>Type of Waiver:</b>	Environmental	Community	Emergency
<b>Event Description:</b>			
<b>Name of Event Coordinator:</b>			
<b>Contact Information (phone/email):</b>			
<b>Organization Name:</b>			
<b>Non-Profit Number (if applicable):</b>			
<b>If this event is sponsored by another organization(s), please list the name(s):</b>			

**Event details:**

<b>Event Date(s):</b>		<b>Event Location:</b>	
<b>Material to be:</b>	Delivered to landfill Picked Up from site	<b>Disposal facility:</b>	CVWMC CRWMC
<b>Collection site:</b>		<b>Disposal Date:</b>	

**Waste generated. Please check all that will apply:**

Tin/foil containers	Paper	Organics	Foam packaging
Metal	Recycle BC Glass	Cardboard	Soft Plastics
Regular Garbage	Recycle BC Plastic	Reusable items	Refundables
Hazardous waste	Appliances	Furniture	Textiles
<b>Other (please list):</b>			

**Authorization:**

\_\_\_\_\_ Date  
Senior Manager of CSWM Services or CAO

**\*\* Ensure loads are properly secured while travelling to prevent wind-blown debris. If you are using a bin, please confirm with the driver that the bin is not overloaded.**

Copies of this form are available at [www.cswm.ca](http://www.cswm.ca).

Please email completed forms to [cswm@comoxvalleyrd.ca](mailto:cswm@comoxvalleyrd.ca).

Questions? Telephone: 250-334-6016

<b>For internal use only:</b> Applicant advised: <input type="checkbox"/> Landfill advised: <input type="checkbox"/> Disposal date: _____	<b>Scale attendant use:</b> Date of disposal: _____ Weight (kg): _____
---	--