## Appendix A - Tipping Fee Waiver Request form



Tipping Fee Waiver Request

Type of Waiver Event:	Environmental
Event Description:	

Community

Emergency

Name of Event Coordinator:	Contact Information:	
Organization Name:	Non-Profit # (if applicable):	

If this event is sponsored by another organization(s), please list the name(s):

## **Event details:**

Date(s) of Event:				Loc	ation of Event:			
Material to be:		ivered to landfill ked Up from site		Dis	posal facility:	CVW CRW		
Collection site:			Disposal Date:					
Waste generated. Please check all that may apply:								
Tin/foil containers		Paper		]	Organics		Foam packaging	
Metal		RecycleBC Glass			Cardboard		Soft Plastics	
Regular Garbage		RecycleBC Plastic			Reusable items		Refundables	
Hazardous waste		Appliances			Furniture		Textiles	
Emergency Waiver Authorization:								
	(Senior Manager of CSWM Services or CAO) Date							

Ensure loads contained in each transport vehicle are properly secured while travelling to prevent windblown debris. If you have rented a bin, please ensure with the driver that the bin is not overloaded.

Additional copies of the application form are available on the CSWM website <u>www.cswm.ca.</u>

## Forms can be faxed, emailed or mailed to: Tipping Fee Waiver Program Comox Valley Regional District 770 Harmston Avenue, Courtenay, BC V9N 0G8 Email: <u>cswm@comoxvalleyrd.ca</u> Fax: 250-334-4358 Telephone: 250-334-6016

For internal use only:	Scale attendant use only:
Date received:     Applicant advised:	Date of disposal:
Proposed disposal date:	Ticket #:
	Weight (kg):