



The Corporation of the Township of Huron-Kinloss

Huron Landfill Account Holder Waiver

I, _____, (please print) give permission to
_____ to charge this load to my Huron Landfill
account.

Signature of Account Holder: _____

Date(s) of disposal: _____

Account number: _____

Huron-Kinloss Address: _____

Please note: This waiver must be attached to a completed Proof of Source form.

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of the Huron Landfill Account Holder Waiver. Questions about the collection of the personal information may be addressed to the Clerk at the Township of Huron-Kinloss, 21 Queen Street, P.O. Box 130, Ripley, ON, N0G 2R0 or (519) 395 3735