



PO Box 609, 325 Wallace St., Hope, B.C., V0X 1L0  
Phone: 604.869.5671 Fax: 604.869.2275  
[operations@hope.ca](mailto:operations@hope.ca)

**Application for Solid Waste Service Level  
Change  
(For completion by Owner)**

*(For applicable Fees – Refer to Schedule L of the Fees and Charges Bylaw.)*

Street Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail \_\_\_\_\_

	Size	Presently I have (insert number of Carts in applicable boxes)	I wish to have (insert number of Carts in applicable boxes. Maximum two per waste stream)	Replacement of lost or stolen Carts
Garbage Stream (Grey Cart)	240 Litres			
Recycling Stream (Blue Cart)	240 Litres			
Organics Stream (Green Cart)	240 Litres			
Glass Receptacle				

(Signature of Owner)

(Date)

E-mail or Fax Application to  
[info@hope.ca](mailto:info@hope.ca) or (604)869-2275

**(This Section for Office Use Only)**

(Approved By)

(Date)

\_\_\_\_\_  
per Director of Operations