

**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 or (604)869-2275

(This Section for Office Use Only)

(Approved By)

(Date)

_____ per Director of Operations
