



RESIDENTIAL GARBAGE PICKUP **APPLICATION**

NAME: _____

CIVIC ADDRESS: _____

BOX #: _____

ADDRESS: _____

PHONE: _____

I hereby make application for the residential garbage pickup system.

I agree:

- To abide by the rules and regulations set out by Regens Disposal Ltd. and the Town of Carnduff in the **Modern Waste Collection System Brochure**.
- That I must utilize the **container** supplied by Regens Disposal Ltd.
- That the container supplied to me is owned by Regens Disposal Ltd. and will be **my responsibility** to ensure proper care and maintenance.
- That the weight of my container can not exceed **200 lbs.**
- That all garbage placed in the container must be securely **bagged**.
- That I must have my container out on the street **by 8:00 a.m.** on the pickup day.
- That the container must be **kept** at the civic address as set out in this application.

In addition, I am aware that no residential garbage will be picked up that isn't placed in the container supplied by Regens.

Completed applications must include **\$60.00** for six months pickup or **\$110.00** for a full year.

Date

Approved (Regens Disposal)

Signature

Container Serial No.