

## **CONTRACTOR AUTHORIZATION PERMIT**

## Present This Permit to the Landfill Site Attendant upon Entering

Only waste from within the Township of Bonfield is permitted to enter the Township Of Bonfield Waste Disposal Site

| PLEASE PRINT                        | ALL SECTIONS ARE MANDATORY                  | PERMIT EXPIRES:            |
|-------------------------------------|---|----------------------------|
| PROPERTY OWNER INFO                 | DRMATION:                                   |                            |
| Name of Property Owne               | er:   |                            |
| Mailing Address:                    |   |                            |
| Phone Number:                       |   |                            |
| Email:                              |   |                            |
| ORIGIN OF WASTE ADDI                | RESS:                                       |                            |
| Signature of Property O             | wner:                                       | Date:                      |
| Description of Waste:               |   |                            |
| CONTRACTOR INFORMA                  | ATION:                                      |                            |
| Business Name:                      |   |                            |
| Address:                            |   |                            |
| Phone Number:                       |   |                            |
| Signature of Contractor:            |   | Date:                      |
| Contractors Name:<br>(Please Print) |   |                            |
|                                     | USE OF THIS PERMIT:                         |                            |
| Pern                                | nit may be used for Construction/Demolition | n material and bulky waste |
|                                     | You may be required to show proc            | of of identity             |

All tipping fees apply

False information or abuse of this permit will result in penalty and or suspension of Landfill Access

Public Works Supervisor Approval:

Date:\_\_

Signature, Public Works Supervisor or Designate