



Cashier: Provide PW with a receipt

**CITY OF PRINCE ALBERT
APPLICATION FOR WASTE DISPOSAL GROUNDS
MONTHLY BILLING USE**

I/WE _____ APPLY TO THE CITY OF PRINCE ALBERT FOR APPROVAL TO BE BILLED ON A MONTHLY BASIS.

THE UNDERSIGNED HEREBY AGREE TO PAY TO THE CITY OF PRINCE ALBERT, BASED ON THEIR USAGE OF THE WASTE DISPOSAL GROUNDS, THE RATES AS DETERMINED BY CITY COUNCIL.

DEPOSIT OF \$100.00 MUST ACCOMPANY THIS APPLICATION WHICH WILL BE RETAINED BY THE CITY (NO INTEREST PAID) AND REFUNDED WHEN THIS APPLICATION IS CANCELLED, LESS ANY FUNDS OWING BY THE APPLICANT AT THAT TIME.

THE APPLICANTS AGREE TO BE RESPONSIBLE FOR THE CHARGES INCURRED IN CONNECTION WITH THE WASTE DISPOSAL GROUNDS RATE STRUCTURE WITH CHARGES ON PAST DUE ACCOUNTS 1.5% PER MONTH (18% PER ANNUM)

FULL NAME OF COMPANY

DATE

ADDRESS

TELEPHONE

CITY

AUTHORIZED SIGNATURE

EMAIL ADDRESS

NAME OF INDIVIDUAL SIGNING
AS GUARANTOR

SIGNATURE OF GUARANTOR

Receipt #

Acct. # 40-32-710-000-00000-3250