



# The Corporation of the Township of Huron-Kinloss

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## Landfill Proof of Source

Residential/Business Information:

Date of Collection:

Name of Resident/Proprietor:

Address of Resident/Proprietor:

Phone # of Resident/Proprietor:

Type of Waste for Disposal (check all that apply):

Stumps

Construction materials (i.e. shingles, drywall, etc.)

e-Waste

Non-tagged refrigeration units

Brush

Household garbage

Steel

Recycles

Mattress(es)

Box Spring

Concrete/Bricks

Tires

Number of loads:

Duration of Project:

Contractor Name:

Contractor Signature:

Date of Disposal:

*For Office Use Only*

*Ticket #:*

*Scale Net Weight:*