



# Corporation of the Municipality of Brockton

Municipal Office  
100 Scott Street, Box 68  
Walkerton, ON N0G 2V0

## Waste Management Fee Exemption Form

Date: \_\_\_\_\_

Roll#: 41-04-\_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for exemption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, understand and agree that the attached contract is current and in effect. Should there be any changes, I will contact the Municipal office.

Signature: \_\_\_\_\_

Copy of current contract attached

### For Office Use:

Signature: \_\_\_\_\_

John Strader, Works Superintendent

Date Processed: \_\_\_\_\_

Tr#: \_\_\_\_\_