

Application Form for Waiver of Tipping Fess for Non-Profit Organizations

| Name of Organization: |
|---|
| Address of Organization: |
| |
| Postal Code: |
| Telephone Number: |
| Fax Number: |
| |
| Contact Person: |
| Date of Application: |
| |
| 1. Registered non-profit organization number: |
| (copy of Revenue Canada Declaration attached Yes No |
| |
| 2. Is Thunder Bay the non profit organization's primary area of operations?: |
| □ Yes □ No |
| |
| 3. Description of Agency |
| Nature of service(s) provided: |
| |
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| 4. Description of non-profit organization's criteria for accepting donated goods and materials. |
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| |

| | a) Are the goods and material to be disposed of through this application donated to the non-profit organization? | | |
|---|--|--|--|
| | □ Yes □ No | | |
| | Explain: | | |
| | | | |
| | b) Purpose of donated goods and materials? | | |
| | □ Redistribution □ Reuse □ Resale □ Other | | |
| | Explain: | | |
| | | | |
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| | | | |
| | a) Description of goods and/materials to be disposed of through this application: | | |
| • | , . | | |
| | , . | | |
| | application: | | |
| | b) Why was this material deemed waste? | | |

| Did the non profit organization review all options available instead of landfilling the donated goods and materials? (ie: give aways, sales, recycling) | | |
|---|--|--|
| □ Yes □ No | | |
| Explain | | |
| | | |
| Does the organization distribute donated goods and materials to person(s) of need in the City of Thunder Bay? | | |
| □ Yes □ No | | |
| Explain: | | |
| Does the organization directly or indirectly promote the 3R's through any type of education/advertisement program? □ Yes □ No Explain: | | |
| Do activities of the non-profit organization support the waste reduction | | |
| goals/programs of the City of Thunder Bay? | | |
| * • • • • • • • • • • • • • • • • • • • | | |
| goals/programs of the City of Thunder Bay? (ie: provide services that result in the reduction, reuse and recycling of | | |
| | | |

| and promot | r organization be willing to assist the City in further education tion efforts, for example, by displaying City promotional material vaste reduction programs? |
|-----------------|--|
| | 1 0 |
| Explain: | |
| | |
| | |
| Applications as | re to be submitted to: |
| Mr. | John Pogue, Supervisor - Landfill Operations |
| | ironment Division, Solid Waste and Recycling Services Section d Waste and Recycling Facility |
| 5405 | 5 Mapleward Road, PO Box 800 |
| Thu | nder Bay, ON, P7C 5K4 |
| Tel. | No. (807) 625-3392 |
| Fax. | No. (807) 768-5757 |
| ***** | ***************** |
| ALL APPLICATION | ONS ARE SUBJECT TO THE APPROVAL OF THE SUPERVISOR - |
| LANDFILL OPER | |
| ANY WASTE NO | T ASSOCIATED WITH A REUSE ACTIVITY IS NOT ELIGIBLE FOR A |
| THI INGILE W | n v Err |
| | |
| | |
| ACC | CEPTANCE BY THE SUPERVISOR - LANDFILL OPERATIONS |
| | |
| | |
| | |
| | JOHN POGUE |