



## Application for City Administered Waste Collection on Private Property

This application is for City administered collection of waste on private property. A dimensioned site plan drawing showing all requirements for waste collection, in accordance with the Waste Collection By-law 113-2008, as amended, and the Guidelines and Design Standards for Waste Management Facilities is required. The property will be inspected by the City prior to approval to ensure the waste collection requirements have been satisfied as per By-law 113-2008, as amended.

**Note: A witness to the owner's signature must complete the Affidavit of Subscribing Witness (see reverse side) in front of a Commissioner for taking affidavits.**

Property Name (Please print)

|                       |  |                       |
|-----------------------|--|-----------------------|
| Address               |  | Postal Code           |
| Superintendent's Name | Unit No.   | Telephone             |
| Owner's Name          |  | Telephone             |
| Address               |  | Postal Code           |
| Type of Establishment |  | No. of Dwelling Units |
| No. of Containers     | Type of Waste Service<br><input type="checkbox"/> Compacted <input type="checkbox"/> Non-Compacted |                       |
| Name of Firm          |  |                       |

### General Release and Indemnity (Please read carefully)

In consideration of the provision of the collection of waste from my property, I waive any rights I have against the City, and release and forever discharge the City, its elected officials, officers, employees and agents from all actions, causes of action, claims, demands, debts, duties, contracts, covenants, costs or liabilities whatsoever which I ever had, now have or hereinafter can, shall or may have, for or by reason of any cause, matter or thing existing now or in the future with regard to the provision of the collection of waste from my property, including any negligence of the City.

I further agree that I will fully indemnify and, regardless of my perception of my liability to either the City or the party making a claim, defend, at my own expense, the City of Oshawa, its elected officials, officers, employees and agents from and against all actions, claims, and demands whatsoever which may be brought against or made upon any of them and against all loss, liability, judgements, claims, costs, demands or expenses which they may sustain, suffer or be put to resulting from or arising out of the provision of the collection of waste from my property.

|                   |      |
|-------------------|------|
| Owner's Signature | Date |
|-------------------|------|

Witness to complete reverse side. ➔

---

**Affidavit of Subscribing Witness**

---

I, *(name)*

---

of *(firm and address)*

---

in the *(Region or County)*

---

make oath and say: I am a subscribing witness to the said application and I was present and saw it executed at *(place)*

---

by *(owner's name)*

---

I verily believe the person whose signature I witnessed is the party of the same name referred to in the said document.

---

Witness's Signature

---

---

SWORN before me as a Commissioner for taking affidavits  
at the

---

of

---

in the *(Region or County)*

---

|    |      |        |      |
|----|------|--------|------|
| of | this | day of | year |
|----|------|--------|------|

---

Commissioner's Signature

---

Personal information contained on this application is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and will be used by the City of Oshawa for the purpose of determining eligibility for City administered waste collection on private property. Questions concerning personal information should be directed to City Clerk Services, 905-436-5639.

### For Office Use Only

## Community Services Department Inspection Report

Date of Inspection

Inspector

## Report Details

## Recommendation

## Approvals

Director, Community & Environmental Services

|      |
|------|
| Date |
|------|

Commissioner of Community & Operations Services

|      |  |
|------|--|
| Date |  |
|------|--|