Replacement Cart Application Form

(for completion by owner)

(for applicable fees – Refer to Schedule A of the Area B Garbage Disposal bylaw)

Street Address: _____ Owner Name: _____

Phone number: _____ E-mail:_____

Reason for replacement: Lost/Stolen [ ]

Damaged [ ]

(please describe the damage)

(signature of Owner) (date)

_____ _____

Email or Fax for to

Engineeringinfo@fvrd.ca Or 604-702-5000

This section for Office Use only.

(Approved By) (Date)

_____ _____