



TOWN OF LAKE COWICHAN
GARBAGE AND ORGANIC PROGRAM
(Residential)

Date: _____

UB ACCOUNT #.: _____

FOLIO FILE.: _____

APPLICANT INFORMATION	
NAME OF APPLICANT(S):	
APPLICANT'S ADDRESS:	
CITY:	POSTAL CODE:
PHONE:	FAX:

Civic Address: _____					
GARBAGE # of months _____	80L (\$14.50 per month)		120L (\$21.75 per month)		Other
	ADD	REMOVE	ADD	REMOVE	
ORGANIC	80L		120L		
	ADD	REMOVE	ADD	REMOVE	
Change Fee- \$30		Receipt # _____		\$	

Replacement Tote(s) Or secondary suite	80L – \$73.50 EACH		120L- \$94.50 EACH		
	GARBAGE	ORGANICS	GARBAGE	ORGANICS	TOTAL FEE
Receipt # _____					

Signature of Registered Owner(s)

Date

ADMINISTRATION			
Entered to MAIS	Notified Public Works	Billing Adjustment(s)	File in UB File
Initials	Initials	Initials	Initials
Date	Date	Date	Date