

## Clairmont Centre for Recycling and Waste Management

### Waste Card Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Additional Names: \_\_\_\_\_

Additional names must be members of the same residence that may use the card, and they may be asked for ID at the facility.

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

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

Town/Hamlet: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Renter or Owner: \_\_\_\_\_

Please ensure you have attached proof of residency to your application.

#### Account Agreement

1. A Waste Card may be provided to eligible residents of the County of Grande Prairie No.1 and surrounding municipalities as determined. A driver's license, along with current utility bill, tax bill, or other proof of residency must be provided to receive a Waste Card. **You will be required to provide photo ID to the scale house attendant before receiving your Waste Card.**
2. The Applicant agrees to pay any applicable fees for services set out in the County of Grande Prairie No.1. Schedule of Fees.
3. The Applicant agrees to follow all Bylaws, policies, rules, and posted signs in place at the Clairmont Centre for Recycling and Waste Management and may be subject to fines for misuse.
4. Only those names listed as users may use the card. Do not lend your card.
5. Verbal directions or instructions given by the facility staff shall be followed at all times and supersede any other signs or instructions.
6. The County of Grande Prairie No.1 can refuse, at its employee's discretion, any material it deems as prohibited waste, or waste that does not meet the requirements for processing or disposal.
7. Waste Card holders are responsible for their cards and must have the card in their possession when using the facility, report lost or stolen cards, and turn in cards if they are no longer required.
8. Applications will be processed as soon as possible, usually within two business days. You must pick your card up at the scale house; they are not mailed out.



By signing below, you declare that all the information given above is true and complete and you will abide by all instructions, written or verbal, as indicated.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Protection of Privacy - Personal information is collected in accordance with Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purposes of administering the program or service for which the information is collected. Should you require further information about collection, use and disclosure of personal information, please contact the FOIP Coordinator at foip@countygp.ab.ca or call 780-532-9722.

**For Office Use Only**

\_\_\_\_ ID Verified  
\_\_\_\_ Proof of Residency  
\_\_\_\_ Web Map Check  
\_\_\_\_ CompuWeigh Check

Approved for Account: \_\_\_\_ YES \_\_\_\_ NO

Notes:

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

Contacted: \_\_\_\_ YES \_\_\_\_ NO. VIA: \_\_\_\_\_ Date: \_\_\_\_\_