



The Corporation of the Township of Huron-Kinloss

P.O. Box 130
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Landfill Proof of Source

Residential/Business Information:

Date of Collection:

Name of Resident/Proprietor:

Address of Resident/Proprietor:

Phone # of Resident/Proprietor:

Type of Waste for Disposal (check all that apply):

Stumps	Construction materials (i.e. shingles, drywall, etc.)
e-Waste	Non-tagged refrigeration units
Brush	Household garbage
Steel	Recycles
Mattress(es)	Box Spring
Concrete/Bricks	Tires

Number of loads:

Duration of Project:

Contractor Name:

Contractor Signature:

Date of Disposal: