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### Public Works and Planning

## LOCKS FOR WASTE AND RECYCLING BINS

### APPLICANT INFORMATION

Name of business:

Home Phone:

Cell Phone:

Additional:

Email:

Physical address of business:

Mailing address:

City:

Prov:

Postal Code:

Employer name:

Employer phone number:

### LOCKS REQUESTED

Recycling bin

Waste bin

**Please ensure that you unlock your bin before 7 am on your pick-up day. Locked bins will not be emptied by OSS.**

### SIGNATURE

*In signing this agreement, I authorize the City of Melville to add the applicable charges for the additional waste & recycling carts to my monthly utility bill.*

Signature of applicant:

Date:

Name of Public Works Employee that Completed this Request :

Date:

Signature:

Date lock/s was installed: