



TOWN OF GIBSONS

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CURBSIDE ORGANICS COLLECTION – OPT OUT RENEWAL FORM

CONTACT INFORMATION

Property Owner Name: _____
Mailing Address: _____
Phone No.: _____
Email Address: _____

PROPERTY INFORMATION

Property Address: _____ Utility Acct No.: _____

Application refers to the following dwelling unit(s): *(Please check all applicable boxes)*

- Main Dwelling Unit:
- Additional Dwelling Unit(s) / Suite(s):

DECLARATION

I declare that I reside at the above address, that I compost 100% of my organic waste, and that my methods of composting have not changed since I first applied to opt out of the organic curbside collection program.

Name (please print): _____
Owner Signature: _____
Date: _____

Personal Information on this form is collected in compliance with the Freedom of Information and Protection of Privacy Act (FOIPOP) and will be used only for the purposes of the Town of Gibsons' Curbside Organics Collection "Opt Out" Program. If you require further information regarding the FOIPOP Act, please contact the FOI Coordinator at 604.886.2274 or the Information Privacy Commissioner at 1.800.663.7867

TOWN OF GIBSONS

"Nature is our most valuable asset"

