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## **CURBSIDE ORGANICS COLLECTION – OPT OUT RENEWAL FORM**

CONTACT INFORMATION	
Property Owner Name:	
Mailine Adduses	
Phone No.:	
Email Address:	
PROPERTY INFORMATION	
Property Address:	Utility Acct No.:
Application refers to the following dwelli	ng unit(s): (Please check all applicable boxes)
Main Dwelling Unit:	
Additional Dwelling Unit(s) / Suite	e(s):
DECLARATION	
	s, that I compost 100% of my organic waste, and that my I since I first applied to opt out of the organic curbside
Name (please print):	
0 0: .	
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** 

organicsopt-out@gibsons.ca.