

## LANDFILL DECLARATION FORM

Name: \_\_\_\_\_  
(please print)

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

Phone Number: \_\_\_\_\_

Item(s) being disposed of:

Shingles  Construction Material

Furniture  Appliances (tagged or not)

Please read the following carefully:

I, \_\_\_\_\_, declare that all materials I am bringing to the  
(please print your name)

Township of Nipissing Landfill for disposal originated within the Township of

Nipissing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** The Township of Nipissing operates both Landfill sites under Certificates of Authority (COA) Numbers A522401 and A522402, issued by the Ministry of the Environment. As per the COA only solid, non-hazardous municipal and commercial waste can be accepted and only waste that is generated within the Township of Nipissing shall be accepted at the sites.