

# Municipality of the County of Colchester

## Non-Profit Curbside Solid Waste Application 2025-2026

### Contact Information (please print or type)

Name:	Telephone:
Email:	

### Property Owner Information

Name:		
Mailing address:		
City:	Province:	Postal Code:
Telephone:	E-Mail:	Fax:

### Property Information

Description:		
Civic address:		
Community:	Province:	Postal Code:

### Description Single Residential Service Level - \$175 per year

Limit 1 (one) Green Cart and 6 (six) clear garbage bags once every two weeks.
Limit 12 (twelve) blue bags recyclables – containing two sorts - paper and the other recyclable containers once every two weeks.
Limit 1 (one) Christmas tree – as scheduled on collection calendar
Limit - Bulky Waste Clean Up Collection. Two large bulky items can be placed curbside each collection day. This could include an appliance or piece of furniture. Please refer to the Solid Waste Helpline or sorting guides for more information

### Description Double Residential Service Level - \$350 per year.

Limit 2 (two) Green Carts and 12 (twelve) clear garbage bags once every two weeks.
Limit 24 blue bags recyclables – containing two sorts - paper and the other recyclable containers once every two weeks.
Limit 2 (two) Christmas trees – as scheduled on collection calendar
Limit – Bulky Waste Clean Up Collection. Four bulky items can be placed curbside each collection day. This could include an appliance or piece of furniture. Please refer to the Solid Waste Helpline or sorting guides for more information.

### Please Check Service Level Requested

Please Check	<input type="checkbox"/>	Single Residential Service Level for \$175/year
Please Check	<input type="checkbox"/>	Double Residential Service Level for \$350/year

### Municipal Contact Person

**Website – [www.colchester.ca](http://www.colchester.ca)**

Name: Robert Matheson	Title: Manager of Reduction & Recovery Operations	Office: (902) 897-0450, ext. 104 Email : rmatheson@colchester.ca
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I authorize the verification of the information provided on this form.

Signature of applicant:	Date:
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