



900 Woito Station Road, RR # 4, Pembroke, ON, K8A 6W5

Phone: 613-735-7537 | Fax: 613-735-1837

E-Mail: info@ovwrc.com | www.ovwrc.com

Clean Fill Delivery Request Form

Company Information

OVWRC Account # (if applicable): _____

Company Name: _____

Contact Name: _____ Phone #: () _____

Fax #: () _____

Address: _____

Amount of Clean Fill

of Loads _____ AND/OR Size of Load (tonnes) _____

Source Location of Clean Fill: _____

Type of Clean Fill: _____

Hauler Information

OVWRC Account # (if applicable): _____

Company Name: _____

Contact Name: _____ Phone #: () _____

Fax #: () _____

Address: _____

Request Information - Authorized Signing Officer: _____

Signature for Authorization of Payment (if required)

Date for Delivery Request: _____ Time: _____

Method of Payment: Charge (Acct. already set-up) Company Acct. Hauler Acct.

Cash/Debit/Visa/MC Visa/MC #: _____ Expiry: _____

Internal Use

OVWRC Authorization: _____ Date: _____

Fee Charged: No Charge (Six Inch Minus & Free of all Waste – to be used as Landfill Cover)

\$20 /mt (Clean Fill but not required for Landfill Cover)

Landfill Rate (Zero Tolerance – Fill not clean, contaminated)

Notification to Landfill: Yes No Staff Notified: _____

Please phone 24 hours in advance to allow for preparation.