



Cape Breton Regional Municipality

Solid Waste Facility Site Registration Form

Business Information

Business Name _____ Business Registration # _____
Civic Address _____ Town / City _____
Province _____ Postal Code _____

(Mailing address if different from above)

Civic Address _____ Town / City _____
Province _____ Postal Code _____

Contact Name _____ Telephone Number _____
E-mail _____ Mobile Number _____

Owner Name _____ Telephone Number _____

Business Type *(Check all that apply)*

Commercial Waste Collection ☐

Landscaping ☐

Residential Waste Collection ☐

Government ☐

Construction ☐

Other *(Explain)* _____

Vehicle Information

Licence Plate	Max Gross Wgt.	Description <i>(Tandem, Triaxel, Trailer, Tonne, ½ Tonne)</i>

Signature: _____ Date _____

Please Return form to the attention of:

Cape Breton Regional Municipality
Solid Waste Facility
320 Esplanade
Sydney, Nova Scotia
B1P 7B9
solidwastehotline@cbrm.ns.ca

Please be advised that all Commercially Registered Vehicles used to dispose of Waste at CBRM's Waste Management Sites will be charged applicable tipping fees.

Temporary Customer _____

Customer Number _____