



TOWN OF NEWMARKET  
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## Application for Clothing Donation Bin

A. Location of Proposed Clothing Donation Bin			
Street address:		Unit number:	Lot/con:
Last name:		First name:	Company:
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	e-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	
Last name:		First name:	Company:
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	e-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	
Last name:		First name:	Company:
Street address:		Unit number:	Lot/con:
Municipality:	Postal code:	Province:	e-mail:
Telephone number: ( )	Fax ( )	Cell number ( )	
I _____ certify that: <div style="text-align: center;">(print name)</div> <ol style="list-style-type: none"> <li>The information contained in this application, attached schedules, attached plans and specifications and other attached documentation is true to the best of my knowledge.</li> <li>I have authority to bind the corporation or partnership (if applicable).</li> </ol>			
_____ Date		_____ Signature of Applicant	
<b>Office Use Only</b>			