



Sewage/Grease Hauler Agreement

Property to be serviced

Owner Name: _____

Property address: _____

Legal description: Lot ____ Concession ____ Sublot ____ Registered Plan _____

Municipality: _____

This sewage will be disposed of at the following location:

Name of Property Owner: _____

Property address: _____

Legal description: Lot ____ Concession ____ Municipality: _____

OR

The following Sewage Treatment Plant:

Plant Name: _____

Contact Name: _____ Contact #: _____

Property address: _____

Municipality: _____

Contractor Signature MOE License # Date

Property Owner Signature Date

Please send completed form to septic@nation.on.ca or return to SNC Office.

Permit # _____