

**THE RURAL MUNICIPALITY
OF WEST ST. PAUL**

**BFI Prairie Green Facility
Reimbursement Voucher**



3550 Main Street
WEST ST. PAUL, MB. R4A 5A3
Ph: 204-338-0306
Fax: 204-334-9362
Email: info@weststpaul.com

Name: _____ **Roll No.** _____

Address: _____

Postal Code: _____

Phone: _____

Confirmation of Residency: _____ **Driver's Licence** _____ **Manitoba Health**

Signature of Resident

Date Received: _____ **20** _____

By-Law # 2020-14 Section 6.1

The Municipality will, upon proof of payment and residency of the RM of West St. Paul, will reimburse the cost of use of a waste or recycling facility up to a maximum of \$60.00 per household. Residents must provide proof of payment in the year no later than January 15 of the following year. Submissions received after this date will not be processed.

Signature of Approval

Amount: _____ **Date:** _____ **20** _____

NB: Attach original receipt to back of form

BFI GL 540-200-102