



VILLAGE OF DELBURNE

2111 20 St., Box 341
Delburne, AB T0M 0V0
Ph. 403-749-3606; Fax: 403-749-2800
Email: village@delburne.ca
Website: www.delburne.ca

COMPOST BIN REBATE APPLICATION

Applicant Name: _____

Utility Account Number: _____ - _____ - _____

Street Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Daytime Telephone: _____ Email: _____

***Note: You will be contacted if we have questions about your application.**

COMPOST BIN INFORMATION

Date of Purchase: _____ Price of Compost Bin before Tax: _____

Attach a copy of the receipt to this application form.

The receipt must clearly indicate the name of the store, product name, price and date of purchase. Please highlight the compost bin purchase. Your name must be clearly written on the receipt.

APPLICANT AGREEMENT

Rebates are processed once the application has been reviewed by administration and will be credited to the applicant's utility account. The applicant understands that there is a maximum of one rebate per utility account.

The Village of Delburne is not responsible for the installation or function of new compost bin and reserves the right to require the applicant to provide the original receipt as proof of purchase and to inspect the premises to confirm compost bin installation. The Village of Delburne reserves the right to reject applications that do not meet program requirements. All rebates are subject of availability of funds.

The Village of Delburne is collecting personal information for the purpose of administering the Compost Bin Rebate Program. The personal information on this form is collected under the authority of the Municipal Government Act Section 3 and is protected under the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection, use and protection of this information, please contact the Village of Delburne, Box 341, Delburne, AB, T0M 0V0, 403-749-3606, or village@delburne.ca.

I agree to the above statement and verify to the best of my knowledge that all information filled out on this form is correct.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Rebate Decision

Declined – Application did not meet requirements. Reason: _____

Approved – Rebate requirements were met. Date: _____

Processed by: _____