

# Recycle Your Plastic Bags!



## RETAILER REGISTRATION FORM

### CONTACT INFORMATION

Company Name: \_\_\_\_\_  
Company Contact: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website: \_\_\_\_\_

### BUSINESS INFORMATION (to appear in directory)

If there are multiple participating retail locations, please attach a separate list with the following information for each location.

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Hours: \_\_\_\_\_

### TERMS AND CONDITIONS

I hereby agree to the following Terms and Conditions of York Region's Plastic Bag Take-Back Program:

1. To provide and maintain bins for the collection of plastic bags from residents.
2. To ensure that collected plastic bags are reused and/or recycled in an environmentally responsible manner.
3. To inform York Region of store closings or if the program is terminated.
4. To provide York Region with end market information when requested.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax the completed registration form to [Leslie Gilbert](mailto:Leslie.Gilbert@york.ca) at 905-954-4611

FOR MORE INFORMATION, CONTACT

Tel: 905-895-1200 or Toll Free: 1-877-464-YORK

[www.york.ca/waste](http://www.york.ca/waste)

