

PRE-ORDER FORM

Please submit this order form to MMSB by February 28th, 2017

1. Community name: _____

2. Contact name: _____

3. Phone: _____

4. Mailing Address (including postal code)	5. Town Office Street Address (physical address if different from mailing)

**We will request the location/address for bin delivery at a later date.*

6. Email: _____

7. Fax: _____

8. Select composter type: **Option 1. Compost Bin** _____ **Option 2. Compost Tumbler** _____

9. Pre-order number of composters (increments of 40):

40 _____ 80 _____ 120 _____ 160 _____ other _____

Send this form to the attention of Ashley Burke:

FAX: 753-0974

EMAIL: aburke@mmsb.nl.ca

(Cover page not required)

Thank you for your interest in backyard composting.
We will contact you on the status of the program.