



Roll #: _____

Curbside Recycling & Refuse Collection Enrollment form

Date: _____

Civic Address: _____

Name of Property Owner: _____

Name of Applicant,
(if different than owner): _____

Telephone #: _____

Mailing Address: _____

Email: _____

Month/Year to start: _____

By signing below, you authorize the RM of St. Clements to register your property in the Curbside Collection Service and to retain your contact information for administration of this service under By-law 3-2023.

Signature of Property Owner

Rural Municipality of St. Clements
Box 2, Group 35, RR 1
1043 Kittson Road
East Selkirk, Manitoba, R0E 0M0
Office Phone: 204-482-3300
Winnipeg Phone: 204-474-2642
Toll Free: 1-888-797-8725
Fax: 204-482-3098
Email: info@rmofstclements.com
www.rmofstclements.com