



Release/Waiver

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

The Corporation of the Town of Blind River

I, , owner of property at
(print name)

, Blind River, Ontario hereby authorize
(address)

the Corporation of the Town of Blind River Public Works Department to dump surplus fill on my property, as per my request.

I, , agree that I will not
(print name)

hold the Town liable for any claims, actions liability, damages, injury, economic losses or any other pecuniary loss which may sustained as a result of the above noted work being carried out by the Municipality.

Dated at the Town of Blind River, this _____ Day of _____.

Witness

(property owner)