

Ontario Drinking Water Stewardship Program 2009-10
Pollution Prevention Review Application Form

CONTACT INFORMATION

Legal Name of Business: _____

Applicant Name: _____

Title: _____

Phone (Business): _____ Phone (alternate): _____

Fax: _____ Email: _____

Business Address: _____ Postal Code: _____

City/Town: _____ Province: _____

Mailing Address (if different): _____

Legal Address: Twp.: _____ Lot(s): _____ Conc.: _____

FACILITY INFORMATION

Type of Business: _____

Ownership (i.e. sole owner or multi-site company; Canadian only or international parent company): _____

Total number of employees: _____

Number of employees on-site: _____

Business activities: _____

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Facility description:

Are there current environmental policies/programs in place within the business? Yes No

If yes, please provide a brief description:

POLLUTION PREVENTION REVIEW PROJECT AGREEMENT

I have read, understood, and agree to the guidelines and the terms of funding assistance for the Ontario Drinking Water Stewardship's Pollution Prevention Review Early Actions funding.

Signature of Applicant

Date