

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

Please return completed forms to Drinking Water Source Protection office  
Mail: Drinking Water Source Protection - Stewardship Program  
RR#4, 237897 Inglis Falls Road,  
Owen Sound, ON N4K 5N6  
Email: mail@waterprotection.ca Fax: 519-470-3005 Questions: 877-470-3001