

	CITY OF IQALUIT SOLID-WASTE FACILITY	RECEIPT OF SERVICE	RECEIPT NUMBER 055762
DATE <u>05/19/16</u>	TIME <u>13:40</u>	ATTENDANT <u>PT</u>	
NAME <u>SINTRA IQALUIT INC</u>	PHONE NO. <u>514-236-4123</u>		
ADDRESS <u>9979 AV CATANIA LOCAL B BROSSARD QC J4Z 3V6</u>			
VEHICLE TYPE <u>box</u>	LICENCE NO. _____		
WASTE TYPE <u>fill</u>	VOLUME <u>3m3 x 2</u>		
INSPECTION TYPE <u>wild</u>			
FEE <u>\$300.00</u>	DRIVER'S SIGNATURE <u>[Signature]</u>		
	FINANCE		

	CITY OF IQALUIT SOLID WASTE FACILITY	RECEIPT OF SERVICE	RECEIPT NUMBER 059541
DATE <u>Sept 26 17</u>	TIME _____	ATTENDANT <u>MG</u>	
NAME <u>Sintra Iqaluit Inc</u>	PHONE NO. _____		
ADDRESS <u>9979 AV Catania Local B Brossard Q J4Z 3V6</u>			
VEHICLE TYPE <u>pick up</u>	LICENCE NO. _____		
WASTE TYPE <u>fill</u>	VOLUME <u>1m3</u>		
INSPECTION TYPE _____			
FEE <u>\$50</u>	DRIVER'S SIGNATURE <u>[Signature]</u>		
	FINANCE		

	CITY OF IQALUIT SOLID WASTE FACILITY	RECEIPT OF SERVICE	RECEIPT NUMBER 060711
DATE <u>Sep 1 17</u> TIME <u>3:00</u> ATTENDANT _____			
NAME <u>Sintra Iqaluit Inc</u> PHONE NO. _____			
ADDRESS <u>9979 Av Catania Local B Brossard QC J4Z3V6</u>			
VEHICLE TYPE <u>Sick</u> LICENCE NO. _____			
WASTE TYPE <u>Fill</u> VOLUME <u>4m3</u>			
INSPECTION TYPE <u>CANBOND</u>			
<u>Alain Boulanger</u>			

	CITY OF IQALUIT SOLID WASTE FACILITY	RECEIPT OF SERVICE	RECEIPT NUMBER 059822
DATE <u>May 30, 2017</u> TIME <u>10:29</u> ATTENDANT <u>KM</u>			
NAME <u>Sintra Iqaluit Inc</u> PHONE NO. <u>867-446-4715</u>			
ADDRESS <u>9979 Av Catania Local B Brossard QC</u>			
VEHICLE TYPE <u>Pick-up</u> LICENCE NO. _____			
WASTE TYPE <u>Fill</u> VOLUME <u>2m3</u>			
INSPECTION TYPE <u>Garbage</u>			
FEE <u>100.00</u>		DRIVER'S SIGNATURE <u>BOBBY MARIA</u>	
FINANCE			

	CITY OF IQALUIT SOLID WASTE FACILITY	RECEIPT OF SERVICE	RECEIPT NUMBER 060939
DATE <u>Aug 9 17</u> TIME <u>10 : 45</u>		ATTENDANT <u>[Signature]</u>	
NAME <u>SINTRA Iqaluit inc</u>		PHONE NO. _____	
ADDRESS <u>5979 AV CANADA LOCAL 13 Brossard QC</u>			
VEHICLE TYPE <u>342 366</u> <u>Taniller</u>		LICENCE NO. _____	
WASTE TYPE <u>Fill</u>		VOLUME <u>10 m³</u>	
INSPECTION TYPE <u>Construction</u>			
FEE <u>1000.00</u>		DRIVER'S SIGNATURE <u>[Signature]</u>	
FINANCE			