PAYMENT RECEIPT
FOR OUTDOOR MAINTENANCE

Service Provider's Name: _____

Service Provider's Telephone Number: _____

Customer's Name: _____

Address for Service: _____

DATE OF SERVICE	DESCRIPTION OF SERVICE	COST OF SERVICE	DATE PAID (YY/MM/DD)
		TOTAL PAID:	

Signature of Service Provider: _____ **Date:** _____

Personal Information on this form is collected under the authority of the Municipal Act 2001, SO 2001, c. 25 and will be used to process your application. Questions about the collection of this personal information only should be directed to the Manager, Revenue & Taxation, Revenue and Materiel Management Division, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario L5B 3C1, Telephone 905-615-3200, ext. 5250. All other inquiries please call 3-1-1 or 905-615-4311.