



SOLID WASTE MANAGEMENT
APPLICATION FOR NEW/ AMENDMENT OF REFUSE REMOVAL SERVICE

Dept: Finance

Date:

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The refuse removal service in respect of the under mentioned property has been altered and your records should be amended accordingly.

- 1. Account Number:.....
- 2. Erf no:
- 3. Owner:
- 4. Tenant/Business:
- 5. Locality address:

.....
.....
.....

4. Contact Person: Contact Number:.....

5. Type of refuse to be removed: Domestic Business

6. Date from which service is required:

7. Frequency per week:

One (Domestic/ Business (Black lid)) Three (Flats, Cluster, Business (Blue Lid)) Five (Business (red lid))

8. Number of Bins: Existing + Additional - Reduction = **TO BE BILLED**

9. I/we hereby request the above service at the specified tariff rate.

OWNER NAME:

SIGNATURE:

TENANT NAME:

SIGNATURE:

OFFICE USE:

ISSUED BY :.....

DELIVERY DATE:.....