



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

Dept: Finance

Date:

--	--	--	--	--	--	--	--

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:.....