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SALDANHA BAY MUNICIPALITY

Application / Alteration of refuse service / containers (240-litre mobile refuse containers)

1. Personal Details		
Account No.	Plot No.	Refuse container no.
Name of Consumer :		Telephone No.
Street Address :		Town :

2. Type of Service (Tariff to be determined by Municipality)	X (Mark with X)
DOMESTIC - Once a week removal	A
BUSINESS - Once a week removal	B
BUSINESS - Twice a week removal	C
BUSINESS - Three times a week removal	D

3. Action :	X Number
X (Mark with X)	
<input type="checkbox"/> New Service	New Containers
<input type="checkbox"/> Cancel Service	Containers Back
<input type="checkbox"/> Supply Additional Containers	Extra Containers
<input type="checkbox"/> Decrease Containers	Containers Back
<input type="checkbox"/> Replace Containers	Containers

Declaration of agreement :

I hereby declare that the information supplied on this form is correct and I undertake to comply with the regulations relating to the removal of refuse.

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SIGNATURE OF CONSUMER

.....
DATE

FOR OFFICIAL USE

4. Service Rendered	Tariff A	Tariff B	Tariff C	Tariff D
Total number of containers previously on site				
Number of containers delivered/taken back				
Total number of containers now on site				
Refuse containers : Serial numbers issued				
Refuse containers : Serial numbers taken back				

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ENGINEERING DEPARTMENT

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DATE