

APPLICATION FOR A MOBILE REFUSE BIN

NAME

STREET ADDRESS

HOUSE NUMBER

ERF NUMBER

BUSINESS NAME

MUNICIPAL ACCOUNT NUMBER

CONTACT NUMBER

Please state amount of mobile refuse bins required in spaces provided

REPLACEMENT (indicate colour and state reason)		STOLEN (attach police declaration)	NEW	EXTRA	RECYCLING
black	orange				
Reason for replacement:					

APPLICANT'S SIGNATURE

DATE

ALL THE ABOVE INFORMATION IS REQUIRED TO ENABLE THE SWAKOPMUND MUNICIPALITY TO DELIVER THE MOBILE REFUSE BINS/S TO THE CORRECT ADDRESS.

BINS WILL BE DELIVERED ON THURSDAYS ONLY

TO BE COMPLETED BY DRIVER DOING DELIVERY

SERIAL NUMBER/S

DATE DELIVERED
