



MUNICIPALITY OF SWAKOPMUND

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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 (state reason)	STOLEN (attach police declaration)	NEW	EXTRA	RECYCLING

APPLICANT'S SIGNATURE		DATE	
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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	