



**SOLID WASTE MANAGEMENT DIVISION**

**APPLICATION FOR REFUSE REMOVAL SERVICES FOR: BUSINESSES OR HOUSEHOLDS**

Solid Waste Management  
Box 50490  
**BACHBRECHT**  
Tel: 290 3110  
290 3111  
Fax: 2902844

**DATE OF APPLICATION:** .....

**CLIENT DETAILS REQUIRED:**

**NAME OF BUSINESS/CLIENT** .....

**BOX** .....

**ERF NO:** .....

**STREET NAME& NO** .....

**RESIDENTIAL AREA** .....

**TEL:** .....

**MUNICIPAL ACCOUNT NUMBER:** .....

**SERIAL NO (NEW):** .....

**SERIAL NO (OLD):** .....

**BUSINESS/HOUSEHOLD** .....

**REMARKS:**

**NEW BIN**  **EXTRA**  **REPLACEMENT**  **CANCELLATION**

**STOLEN**   
(Tick the appropriate box for the bin delivered)

.....  
**PRINT NAME OF DRIVER** **DATE:**

.....  
**PRINT NAME OF CLIENT** **DATE**