



KARIBIB TOWN COUNCIL

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APPLICATION FOR REFUSE BIN

NAME & SURNAME:	
STREET ADDRESS:	
HOUSE NUMBER:	
ERF NUMBER	
BUSINESS NAME:	
MUNICIPAL ACCOUNT NUMBER:	
CONTACT DETAILS (CELL):	
EMAIL ADDRESS:	

Application is hereby submitted for the following reason (tick ☒ the relevant box):

☐ New

☐ Stolen (attach police declaration)

☐ Replacement (state reason below)

☐ Extra:(specify).....

Reason:.....

.....

Signature: Applicant

Date

NB: THE INFORMATION ABOVE IS VITAL TO ALLOW COUNCIL TO DELIVER REFUSE BIN(S) TO THE CORRECT ADDRESS.

BINS TO BE DELIVERED ON TUESDAYS AND THURSDAYS ONLY

FOR OFFICE USE(TO BE COMPLETED BY THE DRIVER DELIVERING)

Driver Name & Surname:_____

BIN serial Number:_____

Date Delivered:_____

Signature:_____