

ENVIRONMENTAL MANAGEMENT DEPARTMENT

CUSTOMER CARE FAX : 086 225 8267 CUSTOMER CARE TEL : 012 358 9999 CUSTOMERCARE E /MAIL :customercare@tshwane.gov.za

APPLICATION FOR REFUSE REMOVAL SI	ERVICE
Name of registered <u>owner of the property</u> :	Tel No:
D Number (Owner)	
If property is rented, the name of the lessee:	Tel No:
Estate Name: <mark>(if you live in an Estat</mark> e	e, please ensure that you complete this in order fo
<u>us to process your request)</u>	
Municipal Account Number	
Details of premises to which the service must be p	rovided:
Street No:	Street name:
Stand No:	Suburb:
Services required (Mark the appropriate block require a <u>new</u> service	S) 85 L 240 L 1000 L
require an <u>extra</u> service	85 L 240 L 1000 L
Remove a bin I no longer require	
Replace my lost / damaged / stolen bin	
Stolen Bins will ONLY be replaced with a	<u>in affidavit)</u>
The service must be provided:	WEEKLY
	DAILY
Fotal number of bins currently on premises:	
I am the registered owner / I'm acting on behalf o	of the registered owner and am his / her authorized representative.

'A refuse bin remains the property of the City of Tshwane Municipality. In terms of the applicable by - laws, the owner of the premises is liable for the loss of or damage to the bin.