




MUNICIPALITY OF SWAKOPMUND

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 53 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

NOTE

1. Kindly supply ALL above information to enable the Swakopmund Municipality to deliver the mobile refuse bin/s to the correct applicant.
2. Mobile refuse bins are delivered weekly on Thursdays only.

APPLICANT'S SIGNATURE

DATE