

APPLICATION FOR PERMIT TO PLACE WASTE SKIP BIN ON A ROADWAY

Privacy and Personal Information Protection Policy

In completing this form you will be prompted to supply information that is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, the Council may be unable to process your request. Council is required under the Act to inform you about how your personal information is being collected and used. Should you require this information or any other details please contact Council's Customer Service Centre on 9330-9400.

Applicants Name: Address:		
Contact Tel No: Bin Location Address:		
Bin Company Name: Address:		
Contact Tel No:		
Bin Placement Date(s):	From:To:	
Sketch of proposed placem	nent: (Show details in box below with measurements)	
	ill be assessed in accordance with Council's Policy. The approval hin three working days subject to the payment of fees and a copy to the value \$20 million.	
Office Use Only: T6		
Receipt No:	Receint Date:	