

Environment and Agriculture Management Waste Management Services

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APPLICATION FOR REFUSE REMOVAL SERVICE

Muni	cipal account number						
Nam	e of registered owner of the property						
Telephone number							
Ident	ity number of owner						
If property is rented, the name of the lessee							
Telep	phone number of lessee						
Estat	e name						
(If you live in an estate, please ensure that you complete this in order for us to process your request.)							
Deta	ils of premises to which the service mus	t be provided					
Stree	t number						
Street name							
Stand number							
Suburb							
Serv	ices required (mark the appropriate bloc	k)					
	I require a new service	240 ℓ		1 000 ℓ 1 000 ℓ			
	I require an extra service	240 ℓ					
	Repair/replace	Wheels	Axel		Lid		
	Remove a bin I no longer require						
	Replace my lost/damaged/stolen bin (sto	olen bins will c	only be repla	ced with a	n aff	idavit))
The service must be provided		Weekly		Daily			
Total number of bins currently on the premises				I.	•		
	ne registered owner/I am acting on behalf entative.	of the register	ed owner an	d I am his	s/her	autho	orise
Signature		Date					

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

On request, this document can be provided in another official language.