LANGEBERG
MUNISIPALITEIT MUNICIPALITY MASIPALA

ADMINISTRATIEWE EN UITVOERENDE KANTOOR
ADMINISTRATIVE AND EXECUTIVE OFFICE
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E admin@breeland.gov.za www.langeberg.gov.za

Verwysingsnr:
Referencenr: 16/5/1/1/3

Navrae
Enquiries: **GM Slingers**

Geagte Mnr. / Me.
U word versoek om die aansoek te voltooi en aan die Munisipaliteit te voorsien. Faks asseblief getekende vorm na (023) 616 2937 vir aandag Mnr Glenn Slingers of e-pos na gslingers@langeberg.gov.za.

Dear Mr. / Ms.
You are You are requested to complete the application form and to return it to the Municipality. Please fax the signed application form to (023) 616 2937 for attention Mr Glenn Slingers or e-mail to gslingers@langeberg.gov.za.

AANSOEK OM STORT VAN AFVAL BY MUNISIPALE STORTINGSTERREIN of OORLAAISTASIE / APPLICATION FOR WASTE DISPOSAL AT MUNICIPAL LANDFILL SITE or TRANSFER STATION

Hiermee word aansoek gedoen vir vullisverwyderingsdiens: / *Herewith application is made for removal of waste:*

Naam en Van .....Name and Surname

Fisiese Adres ..... *Physical Address*

Posadres.....*Postal Address*

Aantal vullisstortings per maand:.....*Total waste dumpings per month*

Aantal residentiële eenhede op eiendom.....*Number of residential houses on property*

Vullis gegenereer per maand (±Ton) ..... *Waste generated per month (± Ton)*

Munisipale Rekening No:.....*Municipal Account Number*

Kontaknommer:.....*Contact Number*

Faks: .....*Fax*

E-pos: .....*E-mail*

....
Handtekening / Signature **Datum / Date**

APPROVED: ☐ **REJECTED:** ☐

COMMENTS: .....

MANAGER: SOLID WASTE MANAGEMENT

FOR OFFICE USE ONLY:

COST: .....

DATE: .....

ACCOUNT NUMBER:

.....