LANGEBERG
MUNISIPALITEIT MUNICIPALITY MASIPALA

ADMINISTRATIEWE EN UITVOERENDE KANTOOR
ADMINISTRATIVE AND EXECUTIVE OFFICE
IOFISI YOLAWULO NEYESIGQEBA

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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 VULLISVERWYDERING / REQUEST FOR WASTE REMOVAL

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

Adres: ……*Address*

Erf No.: ……*Erf Nr.*

Dorp:……*Town*

Number of 240L Wheelie Bins	Removal(s) Per week	Skip Removal on Request
☐	1 X Removal ☐ 2 X Removals ☐ 3 X Removals ☐	6m³ ☐ 9m³ ☐ 30 m³ ☐

Maatskappy Naam:……*Company Name*

Munisipale Rekening No:……*Municipal Account Number*

Pos Adres: ……*Postal Address*

Kontak persoon: ……*Contact Person*

Kontaknommer:……*Contact Number*

Faks: ……*Fax*

E-pos: ……*E-mail*

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

APPROVED: ☐ **REJECTED:** ☐

COMMENTS: ……

FOR OFFICE USE ONLY:

COST: ……

DATE: ……

ACCOUNT NUMBER:

……

MANAGER: SOLID WASTE MANAGEMENT