

## BANKSTOWN CITY COUNCIL

WASTE CONTAINER APPLICATION

SHIPPING CONTAINER APPLICATION ON A PUBLIC STREET

Container is not to be installed without the prior approval and conditions of this application being obtained

5 Working Days Minimum Notice Is Required

APPLICA	NT'S DETAILS				
Name:					
Addres	ss:				
Contac	t No:		Fax:		
Mobile	No:				
CLIDDLIE	D DETAILS				
SUPPLIE	R DETAILS				
Name:			Contact Name:		
Addres	ss:				
Person	Interviewed:				
Contac	t No:		Fax:		
Mobile	No		···		
PROPOSI	ED SITE LOCATION				
	ly for a building waste contact apply) in from of the pren		ner to be placed upon the	e road (footpath/carriagewa	y - cross out which
	ly for a building waste contact apply) in front of premise		ner to be placed upon the	e road (footpath/carriagewa	y - cross out which
Addres	38:				
Date fr	om:		to:		
Note:	Waste Containers 14 da Shipping Container 5 da				
The co	ntainer dimensions are:	(L)	x (W)	x (D)	
Please	attach a proposed location s	ketch: (include neare	st driveways, cross stree	ets and traffic facilities).	
any oth	to bear responsibility for the ner person. I shall be respond landscaping in the road due	sible and accept such	responsibility for any d		
I have	attached a copy of the Certif	ficate of Currency for	· Public & Product Liabi	lity from supplier.	

APPLICANT'S SIGNATURE						
Signatu	ıre:	Date:				
	ADDITION					
PAYMENT OF	APPLICATION FE	,E				
Payment can be made in the following ways:						
Ť	In Person	Present the completed form to				
		Customer Service Centre				
		Upper Ground Floor of Civic Tower, 66-72 Rickard Road, Bankstown.				
	Mail Mail	Cheques to be made Payable to "Bankstown City Council". Enclose the completed application form and send to:				
		Bankstown City Council				
		Att: Customer Service PO Box 8, Bankstown NSW 1885				
		To Box 0, Bunkstown 145 if Toos				
FEE PAYABLE						
Total A	mount Being Paid	\$				

## **PRIVACY STATEMENT**

You will need to provide personal information to Council in respect of this application. Council is required under the Privacy & Personal Information Protection Act 1998 (PPIPA) to collect, maintain & use your personal information in accordance with the Privacy Principles & other relevant requirements of the PPIPA. For further clarification please contact the Privacy Contact Officer at Council.

BANKSTOWN CITY COUNCIL PO Box 8, Bankstown NSW 1885 PH 02 9707 9400 FAX 02 9707 9495 DX 11220 ABN 38 380 045 375

CUSTOMER SERVICE CENTRE Upper Ground Floor, Civic Tower, 66-72 Rickard Rd, Bankstown PH 02 9707 9999

Hours 8.30am - 5.00pm Monday to Friday EMAIL council@bankstown.nsw.gov.au

www.bankstown.nsw.gov.au