

## 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

10 Working Days Minimum Notice Is Required

APPLICA	ANT'S DETAILS				
Name	:				
Addre	ess:				
	ct No:				
	le No:				
SUPPLIE	ER DETAILS				
Name	:		Contact Name:		
Addre	ess:				
Person	n Interviewed:				
Conta	ct No:		. Fax:		
Mobil	le No				
PROPOS	SED SITE LOCATION				
	ply for a building waste containot apply) in from of the premi		er to be placed upon the	road (footpath/carriageway	- cross out which
	ply for a building waste contain not apply) in front of premises		er to be placed upon the	road (footpath/carriageway	- cross out which
Addre	ess:				
Date f	from:		. to:		
Note:	Waste Containers 14 day Shipping Container 5 day				
The co	ontainer dimensions are:	(L)	x (W)	x (D)	
Please	e attach a proposed location sk	etch: (include neares	t driveways, cross street	s and traffic facilities).	
any of	e to bear responsibility for the ther person. I shall be respons a landscaping in the road due to	ible and accept such	responsibility for any da		
•	e attached a copy of the Certifi	-		ity from supplier.	

APPLICANT'S SI	GNATURE							
Signature	:		Date:					
PAYMENT OF APPLICATION FEE								
Payment can be made in the following ways:								
Ŷ	In Person	Present the completed form to						
-		Customer Service Centre Upper Ground Floor of Civic Tower, 66-72 Rickard Road, Bankstown.						
	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						
FEE PAYABLE								
Total Am	ount 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