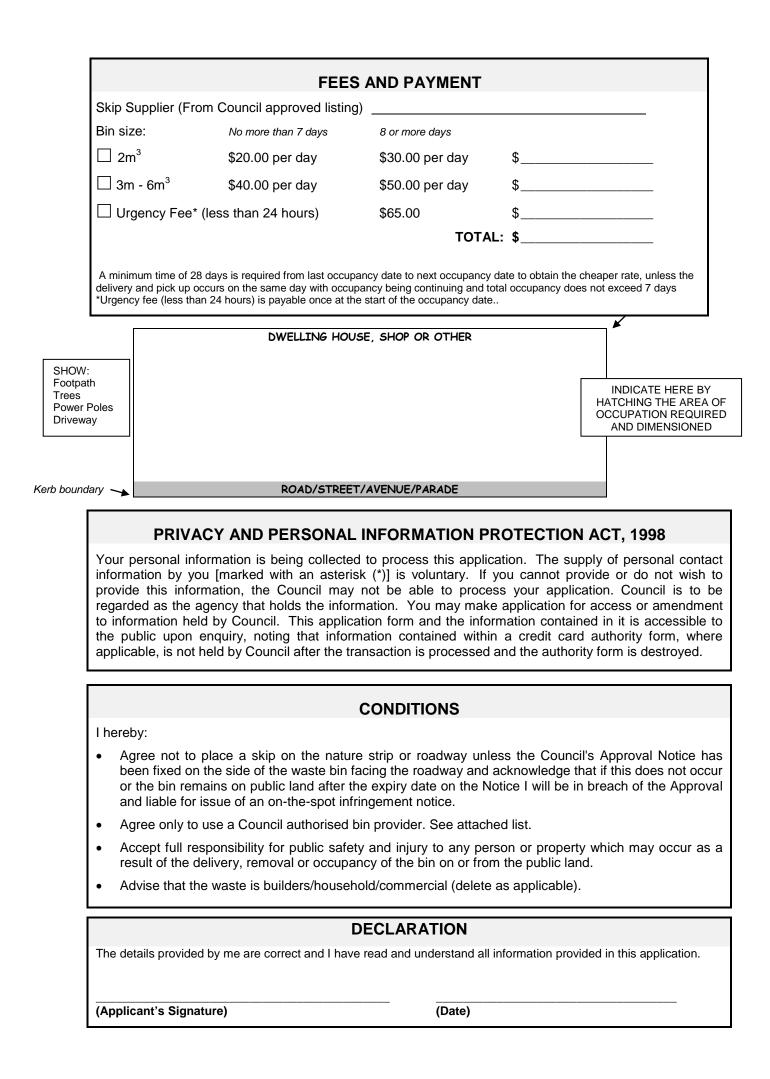


APPLICATION TO PLACE (WASTE SKIP ON PUBLIC LAND

Under section 68 C3 of the Local Government Act 1993

Receipt Code: 217

APPLICANT DETAILS				
Title:	Given Name(s)	Surname / Last Name		
Mr/Mrs/Ms/Dr Other:				
Company name:				
Contact Address:				
Unit / House Number				
Street or PO Box:				
Suburb:		State: Postcode:		
*Daytime Phone:	*Fax:	*Mobile:		
*Email:				
Method of Payment (please tick): Cash Cheque Credit Card (complete section below if credit cardholder is not the applicant).				
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the funds.				
Cardholder's Printe	ed Name	(Date)		
Cardholder's Signature				
* Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act statement)				
PROPERTY DETAILS				
I, hereby make application to place a waste skip on the road or nature strip in front of:				
Property address:				
Related to Development Application: Yes / No Application No/20 /				
From:	То:	(Days):		
Property Owner: _				
Phone: (Bus)	(Private)	(Mobile)		
OFFICE USE ONLY				
Receipt No.:		Amount: \$		



LODGEMENT INFORMATION

Method of Lodgement

It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction, to avoid time lost in the event of incomplete applications and the need to return them by post.

For privacy and security reasons payment is prohibited by credit card via email transmission.

Applications that are lodged by post should be addressed to The General Manager at:

PO Box 211 SPIT JUNCTION NSW 2088

Fax: 02 9978 4299

Further Information

If you require further information on completing this form, Council may be contacted on 9978 4000 between 8.30am and 5.00pm Monday to Friday or by visiting Councils website at: <u>www.mosman.nsw.gov.au</u>



This form is to be submitted in conjunction with the application form.			
Refer to application form for Method of Lodgement			
This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.			
One dit Courd	Deteile Courseil Deumont Fouchie (00) 0070 (000		
	Details - Council Payment Fax No. (02) 9978 4299 his form cannot be emailed to Council.		
Please charge my Card number	American Express Master Card Visa		
Card holder's name	Expiry Date /		
Amount	\$ Phone () daytime		
Signature			
Please note that Master Card and VISA incur a 1% service fee and American Express incurs a 1.4% service fee.			
THIS PAGE IS NOT TO BE SCANNED, COPIED, EMAILED OR REPRODUCED BY COUNCIL			