

## **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

APPLICANT'S DETAILS			
Name:			
Address:			
Contact No:	Fax:		
Mobile No:			
SUPPLIER DETAILS			
Name:	Contact Na	me:	
Address:			
Person Interviewed:			
Contact No:	Fax:		
Mobile No.			
PROPOSED SITE LOCATION			
To apply for a building waste container/shipp does not apply) in from of the premises know		upon the road (footpath	/carriageway - cross out which
To apply for a building waste container/shipp does not apply) in front of premises known as		upon the road (footpath	/carriageway - cross out which
Address:			
Date from:	to:		
Note: Waste Containers 14 days maximu Shipping Container 5 days maxim			
The container dimensions are: (L)	x (W)		x (D)
Please attach a proposed location sketch: (inc	lude nearest driveways, cro	oss streets and traffic fac	cilities).
I agree to bear responsibility for the removal any other person. I shall be responsible and a to any landscaping in the road due to the place	accept such responsibility f		
I have attached a copy of the Certificate of Cu	urrency for Public & Produ	ct Liability from suppli	ier.

APPLIC	CANT'S S	IGNATURE	
	Signature	:	Date:
PAYME	ENT OF A	PPLICATION I	FEE
	Payment	can be made in the	he following ways:
	<b>†</b>	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 PA	YABLE		
	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

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