



# Bourke Shire Council

## Application for Waste Depot Account

*Please note: Only applicants who utilise the Waste Depot a minimum of three (3) times per week will be considered for an account*

Company Name/Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: (if different from above)  
\_\_\_\_\_

Town: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name and signature of employee/persons authorised to use account:

Name	Signature

Vehicle Registration number of all vehicles that will be used on this account:		

**Credit References** – Please provide names and contact details of two credit referees

Name of Credit Referee	Contact Details

Signature of Applicant: \_\_\_\_\_

**\*\*\*Please note that use of the account will not begin until Council has contacted you and advised that your application has been approved\*\*\***

**Office Use Only:**

Approved:  Yes  No

\_\_\_\_\_  
Signature of Manager of Corporate Services

\_\_\_\_\_  
Date

Copy sent to Manager, Environmental Services

\_\_\_\_\_  
Date