



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