

Please Print



The Director
eThekweni Cleaning & Solid Waste
P O Box 1038
DURBAN
4000

Fax: (031) 468 5272

Dear Sir/Madam

GARDEN REFUSE REMOVAL SERVICE ON A MONTHLY CONTRACT BASIS

I wish to make application for the above and have read a brief outline of the service offered.

Number of units required per month: | | (Unit = 12 bags)

Account Number: | | | | - | | | | - | | | | |

(Found on top right corner of The Durban Metro Bill from Metro Revenue)

I wish this service to commence from:(Date)

Should you require this account to be forwarded to an address other than the above, please complete the following:

Homeowner:

Address:

.....

..... Postal Code:

Contact Person: Telephone:

I agree to pay the City Treasurer the applicable tariff fee for this service.

I undertake to notify the Solid Waste Department in writing of any change in the above or if the service is to be discontinued.

Yours Faithfully

Signature:

Capacity:

PLEASE RETURN BY EMAIL TO: Janet.Mkhize@durban.gov.za

Please Print

Name:
Address:
	Mount Vernon
	Durban
Postal Code	4094
Telephone No:
Date: