

Application for Trade Waste



TE KAUNIHERA Ā-ROHE O
ŌTOROHANGA
DISTRICT COUNCIL

Please print clearly in BLOCK CAPITALS

1. Name of applicant:

2. Postal address:

3. Phone:

4. Trading name:

5. Street location:

6. Owner of Business:

7. This Application relates to:

- ☐ Proposed new discharge
- ☐ An existing discharge for which no consents exist. State current point or place of discharge
- ☐ Renewal of Consent
- ☐ Variation to an existing consent – Nature of variation: _____

8. I am authorised to make this application. I believe all the information to be true and correct.

Signature of applicant: _____

Office Use Only

Manager Assets & Technical Support: _____

Licence No:

Receipt:

Debtor No.:

Date: