

02 9366 3777



**NOTIFICATION FORM FOR PLACEMENT OF SKIP BIN
CONTAINERS ON A PUBLIC ROAD RESERVE**

Notification must be submitted to Council within one working day (Monday-Friday inclusive) of placing the skip bin container at the site.

Registered Supplier's Name:

Address:
 **Telephone Number:**

Placement Address:

Date of Placement: ____ / ____ / ____

Probable Duration of Placement **days (Total)**

Supplier's Signature: **Date:**

NB: Placement of skip bin containers is subject to the "Procedure for Placement of Skip Bin Containers in Public Road Reserves"

Faxed to Council on: **(02) 9366 3777**

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