

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
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WASTE DISPOSAL ACCOUNT APPLICATION WASTE MANAGEMENT CENTRE

Name: _____ ABN No: _____
(Registered Business Name)

Address: _____

Phone: _____

Fax: _____

Vehicle Registrations: _____

Credit Reference: Name: _____

Please supply the
details of 3 creditors

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Account Conditions:

1. Charges will be determined in accordance with the schedule of fees adopted by Council.
2. The account is to be paid within thirty days from the date of the invoice.
3. Council reserves the right to terminate the account for non-payment of charges.
4. Users of the facility agree to abide by the instruction of Council staff overseeing the depot.

I consent to Council contacting the referees supplied.

Signature: _____

Date: _____

Office Use Only

Approving Officer: _____

Date: _____

Account Number: _____