



Waste Management Services Department
NEW 240L CONTAINERS
ROLL-OUT FORM

NAME OF DEPOT: _____

DEPOT MANAGER: _____

CUSTOMER/ACCOUNT HOLDER INFORMATION

Title: _____ Name: _____ Surname: _____ ID NO: _____

Municipal Acc No: _____ Erf/Stand Number: _____ Suburb: _____

Physical/Postal Address: _____ Code: _____ Tel No: _____

Cell No: _____ Work No: _____

Email address: _____

DECLARATION FOR RECEIPT OF 240L BIN

I _____ ID No: _____ hereby acknowledge receipt of 240l refuse containers (s) in good order.

And confirm that I have supplied the municipality with the following compulsory documents:

- ID Copy of Customer/Owner
- Rates And Tax statement longer than 3 months

Signature (owner/recipient): _____ Date: _____ / _____ / _____

CONFIRMATION BY DEPOT/SERVICE PROVIDER

Serial Number(s) Number of Bin(s) issued to customer: _____

Serial Number(s)	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Name of Bin issuer: _____ Signature: _____ Date: _____ / _____ / _____

Confirmation by Depot or Designate: _____ (Names) Signature: _____ Date: _____ / _____ / _____

DOMESTIC REFUSE REMOVAL TARIFFS

Removal of 240L Bin: Tariff per Bin	Tariff Per Month 2016/17
0-300m ² (Properties with value of R300 000 and less)	R113.81
Other Properties with Property Value than R300 000	R140.39
Flats/ Townhouse Complexes where static compactors are installed	
1x per week	R140.39
Flats/ Townhouse Complexes where static compactors are installed	R1 106.63 per ton or per thereof R5 533.11 Minimum Levy per service
Institution tariff (charged at 240L bin rate per unit)	
Institution tariff (charged at 240L bin rate per unit)	Tariff Per Month 2016/17
1x per week (Bag system and 240L bin)	R140.39