

Beaumont Skip Key Holder Application Form

Clutha
District Council



Property Owners Name:

Physical Address:

Postal Address:

(if different from above)

Phone Number:

Valuation Reference:

In signing this form you agree to the following conditions;

- The fee entitles me to dispose of small quantities of household rubbish only, once per week in the facility provided;
- I will ensure that the bin is securely locked and the area is clean before I leave the site.
- I will not loan my key to any other party.
- I understand the key is not transferable with property so will return the key to the Clutha District Council if the legal ownership of the property changes.

I hereby declare that the above details are correct and that I agree to the annual waste rate of \$ per year being added to my rates for the use of the Beaumont Skip facility. This amount is subject to change through the Annual Plan process.

Residents Signature:

Date:

Office use only

Application: **APPROVED / NOT APPROVED**

Signature:

Reference Number:

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