

ARRANGEMENTS FOR DISPOSAL & PRESENTATION OF WASTE

1. APPLICANT DETAILS			
Applicant Name			
Address of Premises			Postcode

2. TYPE OF WASTE			
Food Waste	<input type="checkbox"/>	Glass	<input type="checkbox"/>
Paper Waste	<input type="checkbox"/>	Packaging	<input type="checkbox"/>
Cardboard	<input type="checkbox"/>	Plastics	<input type="checkbox"/>
Other (please specify)			

3. TYPE OF CONTAINMENT			
Sacks	<input type="checkbox"/>	Solid Container	<input type="checkbox"/>
Skip	<input type="checkbox"/>		
Other (please specify)			

4. QUANTITY OF WASTE	
What is your weekly quantity of waste	

5. UPLIFTS			
When is your waste uplifted (24 hour format)			
Sunday		Monday	
Tuesday		Wednesday	
Thursday		Friday	
Saturday			

6. COLLECTOR'S DETAILS			
Details of person or company collecting the waste from your premises			
Full Name			
Address			Postcode

7. WASTE TRANSFER NOTE & SIGNATURE			
Date of expiry of Controlled Waste Transfer Note (DD/MM/YYYY)	/ /		
Signature		Date (DD/MM/YYYY)	/ /