

ARRANGEMENTS FOR DISPOSAL AND PRESENTATION OF WASTE/RECYCLING

1. APPLICANT DETAILS	
Applicant name	
Address of premises	
	Postcode

2. TYPE OF WASTE/RECYCLING			
Food Waste	Yes / No	Paper	Yes / No
Glass	Yes / No	Cardboard	Yes / No
Cans	Yes / No	Plastics	Yes / No
Non-Recyclables	Yes / No	Used Cooking Oil	
Other (specify)			

3. TYPE OF CONTAINMENT			
Sacks	Yes / No	Solid Container	Yes / No
Skip	Yes / No	Wheeled Bin	Yes / No
Size of Containment			

4. APPROXIMATE WEEKLY QUANTITY OF WASTE/RECYCLING			
Food Waste	.....kg	Paper	.....ltrs (bin size)
Glass	.....ltrs (bin size)	Cardboard	.....ltrs (bin size)
Cans	.....ltrs (bin size)	Plastics	.....ltrs (bin size)
Non-Recyclables	.....ltrs (bin size)		
Other (specify)	.....ltrs (bin size)		

5. UPLIFTS				
On what day(s) and at what time is your waste due for collection (24 hour format)				
Monday		Thursday		Sunday
Tuesday		Friday	Please outline below the arrangements you have for used cooking oil.	
Wednesday		Saturday		
Used cooking oil arrangements:				

6. COLLECTOR'S DETAILS			
Details of person or company collecting the waste from your premises			
What Waste/Recycling Is Collected?			
Full Name			
Address			
		Postcode	

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