

### CONTRACTOR DETAILS:

Company name:	ABN:
Trading name:	Phone:
Contact name:	Phone (AH):
Address:	

### SKIP BIN DETAILS:

Address skip bin is servicing:

Proposed site of skip bin (please circle)   On roadway   On nature strip   In Right of Way   Other:

Contact for site:	Phone:
Skip bin size and number (one only):      Size:	No.:
Proposed placement date:	Proposed collection date:

Sketch of preferred location relative to address **(must be supplied)**

**Your application must include:**

- **\$173.00 fee**
- **A copy of your Public Liability Insurance showing a minimum of \$20 million, providing principal's indemnity cover. This copy should include the Name of Insurer, Name of Policy Holder, Insurance Expiry date, Policy number and list Knox City Council as an interested party.**

SIGNATURE:	NAME:	DATE:
<b>Office Use Only</b>	<b>Cashier LC/LLGRPS (choose Prepayments)</b>	
Date Issued:            /    /	Receipt Number _____	

**Privacy Notification**

The personal information requested is being collected by Council for purposes of applying for the above permit under Amenity Local Law 2020 and will be used solely by Council for that primary purpose or directly related purposes.