

WASTE LEVY APPLICATION FORM

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Applicant Details

Given Names:

Surname:

Property Address

House No:

Street Name:

Town/Area:

CT Number – Volume & Folio:

Assessment Number:

Postal Address

Contact Details

Phone No:

Mobile No.:

Email :

Applicant Name in Full:

Declaration

I am the **owner** of the premises where the waste levy is to be applied.

PLEASE NOTE: Only the property owner can apply for the waste levy to be applied

Signature:

Date:

*****OFFICE USE ONLY****

Wastetrack Approved:

Levy Number:

Levy Amount:

Application CM number:

Sent CM number:

Calculated Levy number: