

To be completed by an authorised employee of the account holder.

Waste Account Temporary Access Authority Form

ACCOUNT HOLDER DETAILS

Company Name			
ABN			
Tipping Account No			
Contact person			
Phone No	Mobile		Office
Address			
	Suburb		Postcode

DETAILS FOR TEMPORARY ACCOUNT ACCESS

Company Name			
Contact person			
Phone No			
Name of Driver			
Vehicle Rego		Vehicle Make/Model	
Date Authorisation is valid for	Date from		Date to

AUTHORITY

I _____ of _____
(Print name) *(Company)*

authorise _____ to provide waste disposal services
(Company requiring temporary access)

and give authority for the above stated vehicle to access our tipping account.

Signed _____ Date _____

Please email the completed form to: weighbridge@wollongong.nsw.gov.au or Fax: 02 42625512.
 Forms must be received by Council two business working days prior to access being required.

OFFICE USE ONLY

Authority validated Yes/No			
Operator		Date	