

CITY OF WODONGA Waste transfer station credit account application



In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Please provide details of the person you want the council to communicate with about the application	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
	Business name:		
	Business address:		
	Suburb:	State:	Post code: <input type="text"/> <input type="text"/> <input type="text"/>
	Contact name:		
	Phone (work):	Mobile:	
	Email address:	Business ABN:	
	Fax:		
	Number of years in business at this address:		
Director/partner/sole trader - full name:			
Vehicle registration numbers to be used with account access	Registration one:		
	Registration two:		
Usage <small>PLEASE NOTE Minimum requirement to have an account is 10 visits per month. This will be reviewed after three months to make sure the minimum requirement have been met, if they have not, account proleges will be terminated.</small>	Type of materials: (For example, plaster, timber, domestic refuse, etc)		
	Anticipated monthly usage:		
Declaration This form must be signed by the person making the request. Remember it is against the law to provide false or misleading information, which could result in a fine.	I delcare that all the information contained in my application is true and correct.		
	Name:		
	Signature:		
	Date: / /		
If approved, you will be notified when the account has been activated			
Payment options	In person - EFTPOS, credit card, cheque or cash		
	Mail options - cheque* or credit card	*Please make cheques payable to 'Wodonga City Council'	
Trade reference one	Name and address:		
	Contact name:	Phone number:	
Trade reference two	Name and address:		
	Contact name:	Phone number:	
Trade reference three	Name and address:		
	Contact name:	Phone number:	

OFFICE USE ONLY

Date submitted for approval:	/	/
Date authorised:	/	/
Authorised by:		
Name:	Signature	
Debtor number:	Date approved:	/ /

Personal and or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.