



Trade Waste Registration Form

ADC Trade Waste Bylaw 2008

September 2013

Please return this form to: Ashburton District Council, Trade Waste Officer, PO Box 94, Ashburton 7740

Applicant Details	
Name of Business / Organisation:	
Name of Manager / Owner:	
Street Address:	
Description of Business, Operation, Activity:	
Have you previously registered under another business name?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please advise:	
Have you previously registered under another business name?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are your premises connected to the sewer system?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any form of process or pre-treatment to remove contaminants?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please describe treatment type:	
Person completing registration form	
Signature:	
Printed full name:	
Designation:	
Address:	
Telephone:	
Date:	