



COLLECTION WILL BE
DAY
DATE
FROM 6.00 am

APPLICATION FOR SPECIAL COLLECTION OF HOUSEHOLD REFUSE

Please use Block Capitals

NAME

Address from which items

are to be removed

If your property is not numbered
please indicate approximate
location in road

Contact Tel No:

Details of items to be collected

I enclose a remittance of £) **Please**
I require an inspector to call to assess a charge) **tick**
) **as**
) **appropriate**

Signed Dated

**PLEASE COMPLETE THE "RECEIVED FROM" PANEL BELOW WITH YOUR OWN NAME AND ADDRESS.
SEND ALL COPIES OF THE COMPLETED FORM AND REMITTANCE TO;
SPECIAL COLLECTIONS,
GUILDFORD BOROUGH COUNCIL,
CLEANSING OFFICE,
THE COUNCIL DEPOT, WOKING ROAD,
GUILDFORD, SURREY GU1 1QE
Tel: (01483) 444499**

GUILDFORD BOROUGH COUNCIL
Borough Treasurer's Department
Millmead House, Millmead,
Guildford GU2 4BB

VAT REG. NO. 212 5304 17
GENERAL CASH
FUND 8

Received From:

Trans No.	Cashier	Fund	Reference	Amount	Date
-----------	---------	------	-----------	--------	------

Name
Address

Receipt:

<i>SPECIAL REFUSE COLLECTION</i>

**INCOME
CODE**

G K 3 5 5 1 K 4 9 4 3

**VAT
N**

£

P

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Receipt:

<i>SPECIAL REFUSE COLLECTION</i>	

Name
Address

**OFFICE
COPY**

**INCOME
CODE**

G	K	3	5	5	1	K	4	9	4	3	VAT
											N

£ P

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