

 <small>DISTRICT COUNCIL OF TUMBY BAY</small>	APPLICATION FOR REPLACEMENT BIN	Version No:	
		Issued:	

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This form is to be completed by the Ratepayer of the property for which the replacement bin is required.

Applicants Name [Illegible text]	
Are you the Landowner [Illegible text]	Á YÖUÁUÁ
Assessment Number	
Property Address [Illegible text]	
Quantity of Replacement Bins Required [Illegible text]	
New Bin Number of Replacement Bin	
Signature of Applicant:	
Date:	[Illegible signature]

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[Illegible text block]

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[Illegible text]	YÖUÁUÁ
[Illegible text]	Á
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