



a world class African city



# BIN VERIFICATION FORM

House No: ..... Street Name: ..... Township: .....

Type of Property (select from below)

Single Stand:  Flat:  Townhouse:  Cluster:  Business:  Mixed Use:

Other (Specify):  
.....

Type of Bin (Select from below)

85L:  120L:  240L:  Other (Specify): .....

Type of Service (Select from below)

Domestic:  Business:  Dailies:

Other (Specify): ..... Number of Bins.....

If more than one bin, please specify date when bin/bins were obtained:  
.....

.....  
Details of Owner/Tenant

COJ Rates Acc. Number: ..... Surname: .....

Full Names: .....

Cell: ..... Tel (H): ..... Tel (W): .....

Email:.....

Owner: Tenant: Other (Specify): .....

Signature: ..... Date: .....

## Notes/Comments

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Completed forms can be sent to mail to ratescomments@joburg.org.za, faxed to 0117270189 or dropped off at any Customer Service Center.