



Liquid Trade Waste Authorised Agent Form

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450
Phone (02) 6648 4000; Fax (02) 6648 4199; Email: coffs.council@chcc.nsw.gov.au
ABN 79 126 214 487
Administrative Centre: 2 Castle Street Coffs Harbour

Date:
Property owner's name:
Owner's address:
.....Postcode:

**The General Manager
Coffs Harbour City Council**

Dear General Manager,

I/we hereby authorise

Name:
Postal address:
.....Postcode:

To be my/our authorised agent only in respect of the discharge of trade waste from the following premises:-

Business name(s):
.....

Physical property description

Proposed trading address: Unit: No.: Street:
Town/Suburb: Postcode:
Property description: Lot: Section: DP/SP:
 Until further notice
 Or for the period from: to:

NOTE: All information for this agreement is being voluntarily collected to process your application. Your information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. Under Privacy & Personal Information Protection Act (PPIPA) 1998, you are entitled to review your personal information at any time by contacting this Council and request any amendment to it.

Yours faithfully,

.....
Owner's signature

.....
Agent's signature

.....
Printed name

.....
Printed name