



General Trade Waste Application Form

Premise Information

Shop Number:	Street Number:
Street Name:	
Suburb:	Post Code:
Location of grease trap/trade waste treatment: <i>(Attach plan if required)</i>	

Owner/Occupier Details

Business Trading Name:	
Company Name/Registered Business Owner(s) Full Names:	
Company Registered Address or Partners/Individual's Home Address(es):	
ACN:	ABN:

Mailing Address

Street No:	Street Name:
Suburb:	Post Code:

Person Responsible

Name:	Position:	
Telephone:	Mobile:	Fax:
Email address:		

Trading Hours

Monday to Friday:	<input type="checkbox"/>	Between:	and
Saturday:	<input type="checkbox"/>	Between:	and
Sunday:	<input type="checkbox"/>	Between:	and

Authority to sign

- a) I undertake to Westernport Water that I have the authority to make the statements on this form and give the undertakings set out below:
- b) I will:
- comply with all the requirements of any trade waste agreement (a copy of the general form of consent is available on request prior to lodging this form); and
 - ensure that all plumbing or drainage work on the site and all connected fittings or appliances comply with all the requirements of Australian Standards, the relevant plumbing codes and any trade waste requirements imposed by Westernport Water.

Name:	Signature:
Position:	Date:

Please complete the information on the following page.

