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HOME COMPOSTING PROJECT

APPLICATION FORM FOR DATABASE

Please indicate with an 'X' where applicable				
NAME AND SURNAME:				
HOME TELEPHONE NUM	MBER:			
PHYSICAL ADDRESS:				
EMAIL ADDRESS:				
DOES YOUR PROPERTY INCLUDE A GARDEN OR YARD AREA?			YES	NO
DO YOU GENERATE RAW FRUIT AND VEGETABLE WASTE ON A REGULAR			YES	NO
BASIS?				
DO YOU PERMANENTLY RESIDE IN THE GEORGE MUNICIPAL AREA?			YES	NO
I HEREBY CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND			YES	NO
CORRECT.				
SIGNATURE:				

This completed form must please be sent to <u>gnnotshokovu@george.gov.za</u> or <u>Kvstoffels@george.gov.za</u> or at George Environmental Services Municipal Offices, 82 Meade Street, with a copy of your home water bill. For any further enquires please contact Grace Notshokovu/ Karin Stoffels (044 802 2900).



C 044 801 9111

