CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

THIS CITY WORKS FOR YOU

WASTE ASSESSMENT

To be completed in personal consultation with
City of Cape Town Citizen Service Agents.

MUST BE COMPLETED WHEN COUNCIL REFUSE REMOVAL SERVICE IS NOT SUPPLIED

Information must be supplied and completed by businesses in the "Trade/Commercial/Retail", "Industrial", "Health Care", "Hazardous" economic sectors.

Company Name:

Business Partner Number (Official use – supply from SAP system):

Premise Address:

Postal Code

Tel No:

Contact Person:

Tick next to appropriate category to identify types of waste that will be generated due to business activities on the company premises. Please provide an estimate of the number of containers (240 Litre wheeled bin, or similar) of waste generated for each category per week. If this is not possible, please provide the total mass or volume that your company will generate per week. Supply any other information that is relevant about waste that must be collected, or that will be recycled:

Category	Non-hazardous? (tick √)	Hazardous? (tick √)	Estimated no. of 240 L bins per week	Additional Information
General waste				
Food waste				
Garden Refuse/ Vegetation (bulk)				
Paper/ Cardboard				
Glass				
Plastic				
Metal				
Beverage tins				
Construction/ Builder's rubble				
e-Waste (electronic/ electrical)				
Sub-Total				
Health care or veterinary waste				
Hazardous waste (bulk)				
Sub-Total				
TOTAL				

Name of person completing the form:

Signed:

Date:

(For official use: Please return the completed form to – Director Solid Waste Management, Admin Dept,
Civic Centre, 12 Herzog Boulevard,
Cape Town, or PO Box 298, Cape Town , 8000)