

Tip Pass Authorisation



Resident Details

Date:	
Resident Name:	
Residential Tip Pass No:	
Resident Contact No:	
Type of waste:	
Volume of waste:	

Business Details

Business name:	
Business Contact No:	
Business's Signature:	

By signing this form, I authorise the business entity listed above to use my tip pass for the one-off disposal of the above waste type and volume, on the date outlined, at the Merredin Landfill facility. I acknowledge the disposal of waste at the Merredin Landfill facility shall be completed in line with the Shire of Merredin fees and charges and any instructions given by the landfill operator.

Resident's Signature:	
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