

## Request for a skip

Name:			
Address:			
Email:			
Date of application:			
Skip to be placed (exact location):			
Date skip requested to be delivered:			
Date to be collected: (within 3 weeks)			
Waste materials intended to be put in the skip:			
			DI
Please confirm:			Please tick:
I confirm no gas canisters/fuel containers or food waste will be put in the skip			
I confirm I will not overfill the skip and abide by advice from the skip company			
I confirm that I accept full liability for any and all damage to property and or vehicles caused directly by inappropriate or careless placement, usage and filling of the skip.			
Signed		Print name	

Please send this form to Facilities Manager <u>estatesoffice@netheredgeliving.co.uk</u> or <u>nemcboard@outlook.com</u>