



Waste Collection Registration Form.

Surname: _____
Initial(s): _____
Date of birth: _____
I.D. Number: _____
Identification: Passport I.D. card License _____
Contact information: Telephone: _____ Mobile: _____
E-mail: _____
Street name & (apt)number: _____
District: _____

Residential Area Size

Category: R1 <85m2 R2 >85m2

Owner (Landlord) information **Applicable**

Owner (Landlord) surname: _____
Initial(s): _____
Date of birth: _____
I.D. Number: _____
Identification: Passport I.D. card License _____
Contact information: Telephone: _____ Mobile: _____
E-mail: _____

The undersigned client agrees to abide by the regulations and conditions concerning the collection of household waste as stipulated and approved by the Public Entity of Sint Eustatius. The undersigned client also agrees to report any damages of the received bins to SWS office at Charles A. Arnaud Road # 25. The client confirms the validity of the information filled in this form by signing. The undersigned acknowledges that EIL Services B.V. is the appointed collection agent.

Signature Client: _____ Signature Landlord: _____

Date: _____

SWS Admin section

Client's number: _____
Bins issued: 120 ltr 240 ltr 770 ltr Basket
Extra bins issued: 120 ltr (20\$) 240 ltr (25\$) 770 ltr (40\$) Basket
Deposit amount for extra bins: _____
Name: _____ Date: _____

Please return the filled in form to the SWS office at Charles A. Arnaud Road # 25