

APPLICATION FOR DOOR TO DOOR COLLECTION OF WASTE FROM A PROPERTY

Date: ____/____/____

To,
The Health Officer,
Silvassa Municipal Council,
Silvassa UT of D&NH -396230.

Full Name: _____

Mobile no: 1. _____ 2. _____

Present Address: _____

Location: _____

Type of property (Residential/Commercial/Industrial): _____

Ward No.: _____

So, it is kindly requested to look into the matter and kindly do the needful.
Thanking you.

(_____)

Signature of Applicant

Note: Attach Xerox Copy of Aadhaar Card/Voting Card.