



KADUWELA MUNICIPAL COUNCIL

Application Form for the Solid Waste Management Clearance

1. Name of the owner :
2. Correspondence Address :
3. Address of the building to be implemented the proposal :
4. Telephone number of the owner :

Documents to be submitted along with the application

- i. The original proposal with a copy
- ii. Location Map

.....
Date

.....
Signature of the owner

Check List

| No | Document | Yes | No |
|----|-----------------------------------|-----|----|
| 1 | The original proposal with a copy | | |
| 2 | Location Map | | |