

Flood Damaged Waste

Disposal Declaration

Date	
Name	
Address of Property Affected *	
* Address must be at Lake Conjola	
Contact Number	Vehicle Registration
	at the waste to be disposed of resulted from the 29 th I make this solemn declaration conscientiously
□ I confirm that this waste is not cover	ered by insurance.
Signature of declarant:	
Shoalhaven City Council	Flood Damaged Waste Disposal Declaration
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