



**Part 1: Details of Applicant**

Requested by:		Dept/Company:	
Address:			
Tel Number:		Mob Number:	
After Hours Contact Number:		Fax Number:	
Contact Email Address:			

**Part 2: Skip Details**

Location of Skip:			
Date of Skip Placement:	Duration of Skip Placement:	Date of Skip Removal:	
Name of Contactor:			
Purpose of Skip Placement:			

*(Note: Please attach site plan/sketch/photographs)*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only			
Approved:		Not Approved:	
Authorising Officer:		Rank/Title:	
CC:	RGP: Yes / No	Other Department/s:	



**Technical Services Department**

HM Government of Gibraltar

**SKIP**  
**APPLICATION FORM**

**Part 3: Site Plans/Sketches/Photographs**

**Office Use Only**

**Remarks / Highway Conditions:**