

DUTY OF CARE: WASTE TRANSFER NOTE Valid from 01/05/2026 to 30/04/2027

You are required under Section 34 of the Environmental Protection Act 1990 to complete and retain one copy of this Annual Waste Transfer Note for a minimum of 2 years.



Please write as clearly as possible. Tick the necessary boxes as required for the service to commence.

Section A – Description of waste

A1 Description of the waste being transferred

MIXED MUNICIPAL WASTE

Customer Number: WSU-B13

List of Waste Regulations code(s)

20.03.01

A2 How is the waste contained?

Loose Sacks Wheelie bins Bulk container

Other _____

A3 How much waste? For example, number of sacks, weight

Section B – Current holder of the waste – Transferor

B1 Full name

Company name and address

Postcode _____ SIC code (2007) 3811

B2 Name of your unitary authority or council

B3 Are you:

The producer of the waste? The importer of the waste? The local authority? The holder of an environmental permit?

Permit number _____

Issued by _____

Registered waste exemption?

Details, including registration number

A registered waste carrier, broker or dealer?

Registration number _____

Details (are you a carrier, broker or dealer?)

Section C – Person collecting the waste – Transferee

C1 Full name

RUGBY BOROUGH COUNCIL

Company name and address

WORKS SERVICES UNIT

94 NEWBOLD ROAD

RUGBY

WARWICKSHIRE

Postcode CV21 1DH

C2 Are you:

The local authority?

C3 Are you:

The holder of an environmental permit?

Permit number PCD/QP3294LU

Issued by Environment Agency

Registered waste exemption?

Details, including registration number

A registered waste carrier, broker or dealer?

Registration number CBDL59858

Details (are you a carrier, broker or dealer?)

CARRIER (Local Authority)

Section D – The transfer

D1 Address of transfer or collection point

VEOLIA ENVIRONMENTAL SERVICES

LINGHALL COALPIT LANE, LAWFORD HEATH

RUGBY

Postcode CV23 9HH

Date of transfer (DD/MM/YYYY) Until 30/04/2027

D2 Broker or dealer who arranged this transfer (if applicable)

Postcode _____

Registration number _____

Time(s) | _____ |

Section E - Signatures

I confirm that I have fulfilled my duty to apply the waste hierarchy as required **Tick to confirm** by Regulation 12 of the Waste (England and Wales) Regulations 2011

Transferor's signature

Name

Representing

Transferee's signature

Name

Representing

CLAIRE OWEN

RUGBY BOROUGH COUNCIL