



MAJLIS PERBANDARAN KOTA SAMARAHAN

BAHAGIAN SAMARAHAN, 94300 KOTA SAMARAHAN, SARAWAK

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Laman Web : <http://mpks.sarawak.gov.my>

Desludging Request Form

Name of Requester: _____ I.C.No.: _____

Address: _____

Contact Tel. No.: _____ Date: _____

Premise category:

A	Residential		B	Commercial		C	Government Building / School / Institutions		D	Industrial/Hotel/Others (Please Specify :)	
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Signature of Requester: _____ Date: _____

For Council Use:

To: Sar-Alam Indah Sdn Bhd

We would like to request for your office to conduct ad-hoc desludging for the above mentioned premise:

Date request form received from requester: _____

(Signature of officer in charge & Chop)

Name:

Contact No:

For Sar – Alam Indah Sdn Bhd Use:

Ad-hoc desludging conducted:

Date:

Time:

Docket No:

(Signature of Desludging Officer in charge)

Name: