

Garbage Collection Service Application

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| Name | | |
| Property address | | |
| Property assessment number | | |
| Phone | Home: | Mobile: |
| You are the: | <input type="checkbox"/> Ratepayer <input type="checkbox"/> Tenant <input type="checkbox"/> Agent | |

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| New garbage service | |
| I agree to pay any fees and charges associated with the collection of Council owned garbage bins. I note the service is provided weekly for garbage and fortnightly for recycling and green waste. Further, I declare that there is a habitable dwelling on the property and that the dwelling is legally constructed and located on the property. Council may check this aspect. | |
| Garbage and recycling (select one) | Cost per year |
| <input type="checkbox"/> 240 litre garbage bin + 240 litre recycling bin | \$455 |
| <input type="checkbox"/> 120 litre garbage bin + 240 litre recycling bin | \$300 |
| Green waste (optional) | Cost per year |
| <input type="checkbox"/> 240 litre green waste | \$100 |
| <input type="checkbox"/> Additional 240 litre garbage bin + 240 litre recycling bin | \$455 |
| <input type="checkbox"/> Additional 120 litre garbage bin + 240 litre recycling bin | \$300 |

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| Change my garbage service | |
| A fee applies for upsizing garbage bins and removing green waste service. | |
| | Fee |
| <input type="checkbox"/> Exchange 240 litre garbage bin for 120 litre | \$0 |
| <input type="checkbox"/> Exchange 120 litre garbage bin for a 240 litre | \$55 |
| <input type="checkbox"/> Cancel green waste service | \$55 |

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| Bin replacement /repair request/ approved cancellation | |
| <input type="checkbox"/> Replacement | Reason: _____ |
| <input type="checkbox"/> Repair | Description: _____ |
| <input type="checkbox"/> Cancellation | Description: _____ |
| Type of bin to be replaced/repared/cancellation | |
| <input type="checkbox"/> 240 litre garbage bin | <input type="checkbox"/> 240 litre recycling bin |
| <input type="checkbox"/> 120 litre garbage bin | <input type="checkbox"/> 240 litre green waste bin |

Signature of Applicant: _____ **Date:** _____

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| OFFICE USE ONLY | |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Veolia |
| Receipt no: _____ | Request no: _____ |
| <input type="checkbox"/> Waste management | <input type="checkbox"/> Date completed: _____ |