



Application for Garbage Service

Applicant Name					
Applicant Address					
Phone Hm/WK		Mobile		Email	
Property Address Requiring Service					
Assessment Number					
Lot		Section		DP	
Indicate Existing Service and Number of existing Services	NO Existing Service	<input type="checkbox"/>	Commercial – Split Bin	<input type="checkbox"/>	
	Domestic – Split Bin	<input type="checkbox"/>	Commercial – General Bin – 1st	<input type="checkbox"/>	
	Domestic – General Bin	<input type="checkbox"/>	Commercial – General Bin – Additional	<input type="checkbox"/>	
	Domestic – Recycle Bin	<input type="checkbox"/>	Commercial – Recycle Bin	<input type="checkbox"/>	
In addition to the Annual Waste Management Charge of \$52.00 , please find below the service cost, please indicate the number of services required.					
Domestic – Split Bin	\$416.00	<input type="checkbox"/>	Commercial – Split Bin	\$454.00	<input type="checkbox"/>
Domestic – General Bin	\$674.00	<input type="checkbox"/>	Commercial – General Bin – 1st	\$712.00	<input type="checkbox"/>
Domestic – Recycle Bin	\$210.00	<input type="checkbox"/>	Commercial – General Bin–Additional	\$674.00	<input type="checkbox"/>
			Commercial – Recycle Bin	\$210.00	<input type="checkbox"/>
NB: The Recycle Bin cannot be chosen without already having either the Split Bin (Preferred Option) or General Bin Service.					
Owners Name					
Owners Address					
Phone Hm/Wk		Mobile		Email	
I agree to the additional waste charge/s being added to the rate account.					
Owner/s Signature			Date		

OFFICE USE ONLY	
Date Contractor Advised	
Date service Effective from	
Rate Levy Number	
Contractor Name and Date	Bin Serial Number