

ADDITIONAL WASTE SERVICE APPLICATION

SECTION 1: APPLICANT DETAILS

Applicant Name:			
Applicant Address:			
Contact Phone Number:			
Mobile Number:			
Address Collection:			
Rate Notice Number			
Collection: (please tick)	Annual:	<input type="checkbox"/>	Half Year:
Please indicate number of bins that are required to be collected (ie 2 or 3):			

SECTION 2: AUTHORISATION

I/We are aware that a service charge will apply for each additional bin collected per fortnight as per Kerbside Waste Management Policy

Owner's Signature:

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SECTION 3: OFFICE USE ONLY

Received:

**Collection Contractor
Notified:**

Council Officer Initials:
