Records Use Only:



**Application for New or Additional Recycling Collection**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I would like to apply for a new recycling service to my property situated at: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Number of services required: | | | | | |  | Is this an additional service Y/N | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Applications information | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Street Address | | | |  | | | | | | | | | | | | |
| City |  | | | | | | | State | |  | | | Postcode: | | |  |
| Phone |  | | | | | | | Mobile: | | |  | | | | | |
| Email Address: | | | |  | | | | | | | | | |  |  | |
| Signature: | | |  | | | | | | | | | Date: | |  | | |
| Owners Authorisation | | | | | | | | | | | | | | | | |
| Please note owner’s authorisation is required if applicant is not the owner of the property where the service is to be provided (i.e. if applicant is renting the property). | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | |
| Street Address | | | |  | | | | | | | | | | | | |
| City |  | | | | | | | State | |  | | | Postcode: | | |  |
| Phone |  | | | | | | | Mobile: | | |  | | | | | |
| Email Address: | | | |  | | | | | | | | | |  |  | |
| Signature: | | |  | | | | | | | | | Date: | |  | | |
| Information | | | | | | | | | | | | | | | | |
| I agree to pay the relevant recycling charge of $85.50 per service for the 2016/2017 year. This charge is applied pro rata if the service is commenced during the financial year. I understand that I can put out for collection one 240 litre Mobile Recycling Bin per service fortnightly. The provision of Mobile Recycling Bins is included in the recycling service charge and the collection contractor will deliver the relevant number of bins to the property. | | | | | | | | | | | | | | | | |
| **Office use only** | | | | | | | | | | | | | | | | |
| Assessment No: | | | | |  | | | | Date Levied: | | | | |  | | |
| Contractor Notified: | | | | |  | | | | Authorised Signature: | | | | |  | | |
| Recycle Bin Serial No.: | | | | |  | | | |  | | | | |  | | |
| Date Delivered: | | | | |  | | | |  | | | | |  | | |