Records Use Only:



**Application for Commercial Garbage and Recycling**

**Waiver 2016/2017**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Where a business is located within the compulsory waste charge zone and is generating quantities of waste that exceeds the capacity of the kerbside service, a waiver of 75% of the charge is available. | | | | | | | | | | | | | | | | | | | | |
| Commercial Property Address: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Applications information | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | |
| Street Address | | | |  | | | | | | | | | | | | | | | | |
| City |  | | | | | State | | |  | | | | | | Postcode: | | | | |  |
| Phone |  | | | | | Mobile: | | | | |  | | | | | | | | | |
| Email Address: | | | |  | | | | | | | | | | | |  | | |  | |
|  | | |  | | | | | | | | | Date: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Please note this application will cancel your Garbage and Recycling Collection Service. Council will credit 75% of the value of your garbage and recycling services as appropriate. For cancellation of garbage only you will be credited $259.14, and for cancellation of garbage and recycling you will be credited $323.26. | | | | | | | | | | | | | | | | | | | | |
| **Reason for cancelling your commercial service** (please mark with an X) | | | | | | | | | | | | | | | | | | | | |
| I would like to cancel my garbage service but retain my recycling service | | | | | | | |  | | *(Evidence of alternative arrangement required)* | | | | | | | | | | |
| I would like to cancel my garbage and recycling services | | | | | | | |  | | *(Evidence of alternative arrangement required)* | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | |  | | |
| **Signed:** | | | | | | | | | | | | | | **Date:** | | | |  | | |
| **(Customer)** | | | | | | | | | | | | | | | | | | | | |
| **Signed:** | | | | | | | | | | | | | **Date:** | | | |  | | | |
| **(Authorised Shire Rep)** | | | | | | | | | | | | | | | | | | | | |
| **Office use only** | | | | | | | | | | | | | | | | | | | | |
| Assessment No: | | | | |  | |  | | | | | | | | | | | | | |
| Contractor Notified: | | | | |  | |