

APPLICATION FOR IN HOME WASTE COLLECTION SERVICE

Name:			
Address:			
Home Phone:			
Mobile:			
Email:			
Why do you need this service:			
Is there access to the property:		Yes / No	
Where is the access:			
Where are the bins located on the property? (must be located at the front of the property):			
Is there a dog on the property:		Yes / No	
Date you would like service to commence:			
Medical Certificate is required to be eligible for this service. Has this been provided? Yes / No			
What day do your bins get emptied?		General Waste (140L):	
		Recycle (240/360L):	
		Organics (140L):	
Signature:			
Date:			