

Administration

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966
Hours Mon-Fri 8:30am-4:30pm | Telephone Mon-Fri 8:00am-5:00pm 08 9439 0200
NRS 133 677 (hearing/speech impaired) | TIS National 131 450 (Translating and Interpreting Service)
customer@kwinana.wa.gov.au | www.kwinana.wa.gov.au



APPLICATION FOR ASSISTED WASTE COLLECTION SERVICE (WALK-IN) OR ADDITIONAL BIN FOR MEDICAL REASONS

Please print in block letters

Name

Applicant Representative (if applicable)

Phone Number

Email address

Address

The property is Owned by applicant/representative Rented by applicant/representative

DECLARATION (to be filled out by the applicant/representative)

I would like to apply for (please tick one):

An additional waste bin, due to the excessive waste generated by a health condition of the applicant.

Assistance wheeling my bins to the kerb for collection (walk-in service) because I am unable to. Also I do not reside with another person who is able to perform the task on my behalf.

Please ensure bins are accessible from front of property and ensure dogs at the property are secured.

I understand that this application will be reviewed every two (2) years and I must advise the City of Kwinana in writing if the walk-in service or additional waste bin is no longer required, or I move house.

Signature

Date

DECLARATION (to be completed by applicant's medical practitioner)

Name of Doctor

Address of Doctor

Phone number

In my opinion the above named applicant (please choose one):

Requires an additional waste bin due to an illness that generates waste at home, or

Requires assistance taking bins to the kerb for collection due to age or a medical condition.

Doctor Signature

Date

<p>Once completed, please to send to: City of Kwinana PO Box 21 KWINANA WA 6966</p> <p>Or email: customer@kwinana.wa.gov.au Or via the City's website: Report-It</p>	<p>Once your application has been received, we will review and contact you within 7 working days. If your application has been approved, we will advise you the date of service commencement.</p> <p>A City Officer will contact the applicant to confirm or decline application.</p>
--	---

Office use only Assessment

Date submitted by applicant

Date contacted

Approval date

Approved by

CRM

Bin day

Walk-in service

Dog on property?

Yes

No

Gate?

Yes

No

Other