

# Application to Replace Missing Bin

To be completed only if bin is missing from the property.

For repair or replacement of damaged bin please call Council on 4099 9444 and immediately present damaged bin at the kerbside in front of the property.

*Note: Replacements will only be undertaken in accordance with entitlements.*

## SECTION 1 - APPLICANT DETAILS

|                                       |  |
|---------------------------------------|--|
| Applicant Name (Person/Company):      |  |
| Business/Trading Name:                |  |
| Contact Name (if different to above): |  |
| Contact Phone/Mobile:                 |  |
| Email:                                |  |

## SECTION 2 - PROPERTY DETAILS

Property Type:  Residential  Commercial

Property Address: \_\_\_\_\_

## SECTION 3 - BIN DETAILS

Bin Type:  Waste (Green/Red Lid) No. Required: \_\_\_\_\_  Recycle (Yellow Lid) No. Required: \_\_\_\_\_

Reason for Replacement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date bin went missing if known: Day/Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where was the bin taken from? (e.g. street, yard, footpath, garage) \_\_\_\_\_  
 \_\_\_\_\_

## DECLARATION

I \_\_\_\_\_ declare that the information provided by me in this application is true and correct and agree to comply with all requirements as listed above. I understand it is my responsibility to ensure bins are stored in a safe location within the boundaries of the property on non-service days and also returned to the storage area within a reasonable amount of time following the service (24 hours), to prevent damage or theft and avoid liability for property damage or loss. I understand bins must be presented kerbside by 6am on the day of service and/or as required for maintenance/replacement.

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicant Signature: |  | Date: |  |
|----------------------|--|-------|--|

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## OFFICE USE

|                |                                      |                 |
|----------------|--------------------------------------|-----------------|
| Assessment No. | CRM No.                              | Date Processed: |
| Parcel No.     | No. Entitlements Confirmed: Yes / No | Officer:        |