Application for New/Change to Existing **Cleansing Service for Properties North** of Forest Creek to Cape Tribulation.

- A. All questions on this form (unless indicated otherwise) must be completed in full and by the Ratepayer or person authorised in writing by the Ratepayer.
- B. This application relates to general waste bin services only (kerbside recycling service not currently available).
- c. One (1) Cleansing Entitlement (Charge) = weekly kerbside servicing & maintenance of 1 x 240lt waste wheelie bin.
- D. New Service requests please refer to your Rates Notice or contact Council for the (minimum) number of cleansing entitlements applicable to your property.
- E. For increase or decrease of cleansing entitlements/servicing requests, changes will be applied for a minimum of 6 months (1 rating period).
- F. Additional services are classed as services above the minimum number applicable to your property.
- G. Where a reduction of additional services has been requested, cleansing entitlements will only be reduced once the additional bins have been retrieved by Council.
- H. Cleansing entitlements cannot be reduced below the minimum applicable to the property.
- Bins must be presented kerbside by 6.00am on the day of service & returned to within the property boundary in a I. reasonable time frame (24 hours). Return services are not available on this run.

| SECTION 1 - APPLI | CANT DETAILS | | | | |
|--|---|----------------------|--|--|--|
| Applicant Name (Individual/Company): | | | | | |
| Business/Trading Name (if applicable): | | | | | |
| Contact Name (<i>if different to above</i>): | | | | | |
| Business Phone/Mobile: | | | | | |
| Email: | | | | | |
| SECTION 2 - PROPERTY DETAILS | | | | | |
| Property Type: | Residential | Commercial | | | |
| Street Address: | | | | | |
| Lot/Plan No: | | | | | |
| Property Use: | Private Residence | Caretaker's Dwelling | | | |
| | Accommodation (Please specify type): | | | | |
| | 🗆 Café/Restaurant 🗆 Take Away 🗆 Store/Shop 🗆 Other: | | | | |
| SECTION 3 - WASTE CLEANSING SERVICES REQUIRED | | | | | |
| New Service – No. of bins requested (<i>refer Points A, B, C, D & I above</i>): | | | | | |
| Additional Waste Service – No. of additional bins requested (<i>refer Points A, B, C, E, F & I above</i>): | | | | | |

Reduction Waste Service – No. of additional bins to be removed (refer Points E, G & H above):

Continued over page.

| OFFICE USE | | | | | |
|-----------------|----------|---------------------------|-------------|-----------------|--|
| Assessment No. | | CRM No. | Parcel No. | Date Processed: | |
| Rates Notified: | Yes / No | No. Entitlements Confirme | d: Yes / No | Officer: | |

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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