



Kerbside Waste Collection/s Request

Assessment No _____

First name _____

Surname _____

Address of property _____

Telephone _____

Details (including reason for cancelling/new bin collection)

Recycle

Commercial

Household

Signature

Date

Official Use Only

Bin number _____ Commercial / Residential

Date bin issued (if new bin) _____

Collection start date /cancellation date _____

Bin number entered on Works database []

Rates Officer notified of bin number and any new charges []

Contractor emailed with new collection address and number/type of bins []

Bin sticker number added/removed in assessment number file []

Synergy all relevant documents []

Signature

Date