

KERBSIDE WASTE COLLECTION REQUEST

Assessment No.:				
First Name:				
Surname:				
Address of Property:				
Telephone:				
Bin type:	□ Recycle □	Comm	nercial 🗆 Household	
Details	Including purchase of bins only / new collection service / change in collection service			
Signature			Date	
OFFICE USE O	NLY			
Receipt Number:				
Bin Number:			Commercial Residential	
Date Bin Issued:	(If new bin purchased)			
Collection start date	/ cancellation date:			
☐ Bin number e	ntered on 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				
☐ Synergised all relevant documents				
Signature			Date	