

Kerbside Waste Cancellation of Additional Bin(s) Service

Property Address:	
Suburb:	
Postcode:	
Applicant Name:	
Postal Address: (If different than property)	
Phone:	
Phone after hours:	
Email address:	

Please Note: The applicant must be the owner of the property or the property manager

Bin(s) to be collected:

- | | |
|--|-------------------|
| <input type="checkbox"/> 240L Recycling Bin (Yellow Lid) | No of Bins: _____ |
| <input type="checkbox"/> 140L Waste/Landfill (Blue Lid) | No of Bins: _____ |

Please state the date that you wish for the bins to be collected. _____

Please ensure that the bin(s) are empty and located on the verge area, ready for collection.

The above bin(s) are no longer required.

Signed:

Dated:

OFFICE USE ONLY

Removal date: _____

Contacted resident to advise removal by: Phone Email Date: _____ Time: _____
