

**FORM**

(Blanks not to be photocopied. Print direct from DAKS)
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(WM-FO-201) RECYCLE BIN SERVICE FORM – APPLY / CANCEL / REMOVE

OCCUPATION CERTIFICATE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____	
1. <u>NEW</u> RECYCLE SERVICE <input type="checkbox"/> No. of Bins required: _____ ***NB: Commercial = 2 bins per service***	2. <u>CANCEL</u> SERVICE <small>***Commercial ONLY***</small> <input type="checkbox"/> <u>REMOVE</u> ADDITIONAL BIN <small>***Residential ONLY***</small> <input type="checkbox"/> No. of Services: _____ No. of Bins to Collect: _____
3. <u>ADDITIONAL SERVICES</u> (BIN AND PICK UP)	4. <u>MISSING</u> BIN (Stolen) <input type="checkbox"/> Circumstances: _____
5. <u>DAMAGED</u> BIN <input type="checkbox"/> Damaged by: Contractor <input type="checkbox"/> Resident <input type="checkbox"/> <u>Reason:</u> <input type="checkbox"/> Burnt <input type="checkbox"/> Vandalised <input type="checkbox"/> Split <u>Repairs:</u> <input type="checkbox"/> Lid <input type="checkbox"/> Pins <input type="checkbox"/> Wheels	
Comments: _____ _____ _____ <i>(Please complete comment field for details if repairing bin & leave bin accessible for driver to repair/replace)</i>	

COLLECTION DAY: _____	WEEK A <input type="checkbox"/> or B <input type="checkbox"/>
HOUSE <input type="checkbox"/> UNIT <input type="checkbox"/> FLATS _____ COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/>	
<u>ADDRESS:</u> Unit No. _____ Street No. _____ Street Name: _____ City/Town: _____ Postcode: _____	
<u>CUSTOMER NAME:</u> _____	
PHONE: (H) _____ (M) _____ (W) _____	
<u>OWNER'S SIGNATURE:</u> _____	<u>DATE:</u> ____ / ____ / ____
<u>Received by:</u> Fax <input type="checkbox"/> ____ / ____ / ____ <u>Phone:</u> <input type="checkbox"/> ____ / ____ / ____ <u>Mail/Email:</u> <input type="checkbox"/> ____ / ____ / ____	

OFFICE USE ONLY		
<u>ASSESSMENT #:</u> _____	<u>CRM #</u> _____	<u>Requested Date:</u> _____
<u>PARCEL #:</u> _____	_____	<u>Received By:</u> _____
<u>SERVICES RECEIVED:</u>	x _____	

JR RICHARDS USE ONLY			
<u>TIME COMPLETED:</u>		BIN NUMBERS	
<u>DATE COMPLETED:</u>		RECYCLE BIN No.	OLD No.
<u>JOB COMPLETED:</u>		1.	
Complete Stamp Date & Sign	<input type="checkbox"/> Job	2.	
	<input type="checkbox"/> Data	3.	
	<input type="checkbox"/> Call	4.	
		5.	
		6.	
		7.	

RETURN TO:
Griffith City Council
1 Benerembah St
GRIFFITH NSW 2680

email: admin@griffith.nsw.gov.au OR
OR FAX TO: 02 6962 7161

POSTAL ADDRESS
Griffith City Council
PO Box 485
GRIFFITH NSW 2680

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