

**FORM**

(Blanks not to be photocopied. Print direct from DAKS)
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(WM-FO-401) GARBAGE APPLICATION/CANCELLATION FORM

OCCUPATION CERTIFICATE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____	
1. <u>NEW</u> GARBAGE SERVICE – EXISTING RUN <input type="checkbox"/>	OFFICE USE ONLY
<u>NEW</u> GARBAGE SERVICE – NEW RUN <input type="checkbox"/> (Prior Council Approval Required)	
	DATE BIN DELIVERED / /
2. <u>CANCEL</u> GARBAGE SERVICE <input type="checkbox"/> Bin Size: _____ Litre No. of Services: _____ No. of Bins to Collect: _____	DATE BIN REMOVED / /
3. <u>ADDITIONAL</u> BIN PICKUP: <input type="checkbox"/> ADDITIONAL GARBAGE BIN: <input type="checkbox"/>	DATE BIN DELEVERED / /
4. <u>DAMAGED</u> BIN <input type="checkbox"/> Circumstances: _____	DATE BIN REPAIRED / / DATE BIN REPLACED / /
5. <u>MISSING</u> BIN <input type="checkbox"/> Circumstances: _____ _____	DATE BIN REPLACED / / Owner to be charged replacement cost <input type="checkbox"/> Y <input type="checkbox"/> N DATE RATES UPDATED / /
CHECKED & APPROVED: _____ ACTIONED BY: _____	

DOMESTIC☐**COMMERCIAL**☐

PREMISES - ADDRESS: _____
- **ASSESSMENT No:** _____
- **PARCEL No:** _____

PHONE (B): _____

OWNER - NAME: _____
- **ADDRESS:** _____

PHONE (B) _____**PHONE (H)** _____

OCCUPIER - NAME: _____
- **ADDRESS:** _____

PHONE (B) _____**PHONE (H)** _____**REMARKS:** _____

SIZE	QTY	OLD BIN No	NEW BIN No	M	T	W	T	F	S
240 L									
660 L									
1100 L									

I am aware that I may be charged for the full value of replacement of bins if lost or damaged

SIGNATURE OF OWNER: _____ **DATE:** ____ / ____ / ____.

TAKEN BY: _____

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

POSTAL ADDRESS
Griffith City Council
PO Box 485
GRIFFITH NSW 2680

OR FAX TO 02 6962 7161

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