



FORM

(Blanks not to be photocopied. Print direct from DAKS)
(Printed on 23-Sep-14 at 09:09)

(WM-FO-401) GARBAGE APPLICATION/CANCELLATION FORM

OCCUPATION CERTIFICATE ISSUED Yes No Date Issued: _____

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

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 email admin@griffith.nsw.gov.au

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