



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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Issued: _____
1. NEW GARBAGE SERVICE – EXISTING RUN <input type="checkbox"/>	OFFICE USE ONLY	
NEW GARBAGE SERVICE – NEW RUN <input type="checkbox"/> (Prior Council Approval Required)		
		DATE BIN DELIVERED / /
2. CANCEL GARBAGE SERVICE <input type="checkbox"/>	DATE BIN REMOVED / /	
Bin Size: _____ Litre No. of Services: _____		
No. of Bins to Collect: _____		
3. ADDITIONAL BIN PICKUP: <input type="checkbox"/>	DATE BIN DELEVERED / /	
ADDITIONAL GARBAGE BIN: <input type="checkbox"/>		
4. DAMAGED BIN <input type="checkbox"/>	DATE BIN REPAIRED / /	
Circumstances: _____	DATE BIN REPLACED / /	
5. MISSING BIN <input type="checkbox"/>	DATE BIN REPLACED / /	
Circumstances: _____	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 email admin@griffith.nsw.gov.au

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