FORM
(Blanks <u>not</u> to be photocopied. Print direct from DAKS)
(Printed on 17-Apr-14 at 09:04)

(WM-FO-201) RECYCLE BIN SERVICE FORM – APPLY / CANCEL / REMOVE

OCCUPATION CERTIFICATE ISSUED ⬜ **Yes** ⬜ **No**   **Date Issued:** _____

1. **NEW** GARBAGE SERVICE ⬜ No. of Bins required: _____ *** NB: Commercial = 2 bins per service***	2. **CANCEL** SERVICE ***Commercial ONLY*** ⬜ **REMOVE** ADDITIONAL BIN ***Residential ONLY*** ⬜ No. of Services: _____ No. of Bins to Collect: _____
3. **ADDITIONAL** GARBAGE BIN ⬜ PICK UP SERVICE ⬜	4. **MISSING** BIN *(Stolen)* ⬜ Circumstances: _____

5. **DAMAGED** BIN ⬜   Damaged by: Contractor ⬜   Resident ⬜

Reason: ☐ Burnt   ☐ Vandalised   ☐ Split   **Repairs:** ☐ Lid   ☐ Pins   ☐ Wheels

Comments: _____

_____

(Please complete comment field for details if repairing bin & leave bin accessible for driver to repair/replace)

COLLECTION DAY: _____   **WEEK A** ⬜ **or B** ⬜

HOUSE ⬜   UNIT ⬜   FLAT ⬜   COMMERCIAL ⬜   INDUSTRIAL ⬜

ADDRESS: Unit No. ____   Street No. _____   Street Name: _____

          City/Town: _____   Postcode: _____

CUSTOMER NAME: _____

PHONE: (H) _____   (M) _____   (W) _____

SIGNATURE: _____   ***DATE:***   /   /

OFFICE USE ONLY

ASSESSMENT #: _____	*Requested Time:*	_____
PARCEL #: _____	*Requested Date:*	_____
SERVICE RECEIVED: x _____	*Received By:*	_____

JR RICHARDS USE ONLY

TIME COMPLETED:			BIN NUMBERS	
			RECYCLE BIN No.	OLD No.
DATE COMPLETED:			1.	
			2.	
JOB COMPLETED:			3.	
			4.	
Complete Stamp Date & Sign	☐ Job		5.	
	☐ Data		6.	
	☐ Call		7.	

RETURN TO: **POSTAL ADDRESS**
Griffith City Council   **Griffith City Council**
1 Benerembah St   **PO Box 485**