



SHIRE OF DALWALLINU

RUBBISH AND RECYCLING SERVICE REQUEST FORM

Office use only

Assess No A _____

Bin No _____

RATEPAYER OR AGENT'S CONTACT DETAILS

Ratepayer or Agents Name		
Postal Address		
Contact Number	Business Hours	Mobile
Email		

PROPERTY DETAILS WHERE BIN CHANGES ARE REQUIRED

Ratepayer/s	
Property Address	

SERVICE/S CHANGES

Is this a new property? Yes No If Yes, please provide date service is required _____

Please write number of services required/removed in table below

Services	Bin Type	New	Additional	Remove+	Repairs/Replace**
Rubbish Domestic Once a week service	240L				
Rubbish Commercial Twice weekly service	240L				
Recycling Twice monthly service	240L				
Bulk Recycling	3m ³				

+ Under the Waste Avoidance and Resource Recovery Act 2007 all properties must have a least one rubbish and recycling service.

** Please complete Replacement Bin/s section below

Replacement Bin/s *(please put a line through irrelevant section/words below)*

- The rubbish/recycling service has gone missing
- The rubbish/recycling service has been damaged and needs repairs/replacement

Additional Comments

I acknowledge that I am the Ratepayer or Agent of the property and accept the charge for this change in service/s

Name	Signature	Date
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Office Use Only

	Bin Delivered
	Advised Avon Waste
	Interim rates form completed

Completed by _____ Date _____