Office use only

Assess No A____

Bin No

_____

SHIRE OF DALWALLINU

RUBBISH AND RECYCLING SERVICE REQUEST FORM

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	3m³				

+ 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**

Office Use Only

	Bin Delivered
	Advised Avon Waste if required
	Interim rates form completed if required
	Update bin numbers on Synergy

Completed by _____ Date _____

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