



REPLACEMENT BIN APPLICATION

SECTION 1: REASON FOR REPLACEMENT BIN

Please tick or provide details below:

<input type="checkbox"/>	Damaged by bin collection contractor
<input type="checkbox"/>	Damaged by resident
<input type="checkbox"/>	Damaged by vandal
<input type="checkbox"/>	Stolen
<input type="checkbox"/>	Other (please provide details):
Date occurred:	

SECTION 2: DETAILS

Owners Name:					
Address:					
Phone Number:					
Mobile:					
Service Address:					
Type of Building:	<input type="checkbox"/> House	<input type="checkbox"/> Unit	<input type="checkbox"/> Duplex	<input type="checkbox"/>	<input type="checkbox"/> Other

SECTION 3: TYPE OF BIN REQUIRED

Please supply the following for the above property: (please tick)

<input type="checkbox"/>	140L Residual Waste Bin	<input type="checkbox"/>	240L Recycling Bin	<input type="checkbox"/>	240L Garden Organic Bin
<input type="checkbox"/>	Red Lid	<input type="checkbox"/>	Yellow Lid	<input type="checkbox"/>	Green Lid
<input type="checkbox"/>	Wheel/s				

SECTION 4: AUTHORISATION

I/We are aware that a charge will apply for the replacement bin/s and/or part/s (you will be required to pay for this charge prior to the bin/s and/or part/s being collected).

Owner's Signature/s:	
Date:	

SECTION 5: OFFICE USE ONLY

Received:	
Receipt Number:	
Added to delivery sheet:	
Council Officer Initials:	