



Customer Request for Waste, Recycling, Garden Services & Events

DATE: _____

TYPE OF PREMISES (please tick)

Residence Unit Flat Commercial

LA: _____

REASON FOR SERVICE (please mark with a "x")

Council Assessment No: _____

No. of Services Required: x _____

New: 140Ltr Waste or 240Ltr Waste 240Ltr Recycle 240Ltr Garden

Additional: 140Ltr Waste or 240Ltr Waste 240Ltr Recycle 240Ltr Garden

Remove: 140Ltr Waste or 240Ltr Waste 240Ltr Recycle 240Ltr Garden

Damaged: 140Ltr Waste or 240Ltr Waste 240Ltr Recycle 240Ltr Garden

Reason: _____ Damaged by: Resident Contractor

Repair: Lid Pins Wheels Axle Bin Type: _____

ADDRESS OF PREMISES

Customer Name: Owner/Tenant: _____

Signature of Owner: _____

Property Address: _____

Telephone No.: (H) _____ (W) _____ (M) _____

Request Time: _____ **Request Date:** _____ **Received By:** _____

Comments: _____

POLICE EVENT NUMBER (see note below): _____

Bin Numbers (Please attached a separate page if insufficient space)						
	WASTE		RECYCLE		GARDEN	
	Delivered No.	Removed No.	Delivered No.	Removed No.	Delivered No.	Removed No.
1						
2						
3						
4						
5						
6						

Time Completed: _____ Date Completed: _____ Completed by: _____

**TO OBTAIN A POLICE EVENT NUMBER FOR STOLEN BINS
PLEASE CONTACT POLICE ASSISTANCE LINE PHONE 131444**

THIS FORM MUST BE SIGNED AND FAXED TO COUNCIL – 02 6566 3205