

**FORM**

(Blanks not to be photocopied. Print direct from DAKS)  
(Printed on 28-Jan-15 at 15:01)

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

<b>OCCUPATION CERTIFICATE ISSUED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date Issued:</b> _____	
1. <b>NEW</b> RECYCLE SERVICE <input type="checkbox"/> No. of Bins required: _____ ***NB: Commercial = 2 bins per service***	2. <b>CANCEL</b> SERVICE ***Commercial ONLY*** <input type="checkbox"/> <b>REMOVE</b> ADDITIONAL BIN ***Residential ONLY*** <input type="checkbox"/> No. of Services: _____ No. of Bins to Collect: _____
3. <b>ADDITIONAL</b> RECYCLE BIN <input type="checkbox"/> PICK UP SERVICE <input type="checkbox"/>	4. <b>MISSING</b> BIN (Stolen) <input type="checkbox"/> Circumstances: _____
5. <b>DAMAGED</b> BIN <input type="checkbox"/> Damaged by: Contractor <input type="checkbox"/> Resident <input type="checkbox"/> <b>Reason:</b> <input type="checkbox"/> Burnt <input type="checkbox"/> Vandalised <input type="checkbox"/> Split <b>Repairs:</b> <input type="checkbox"/> Lid <input type="checkbox"/> Pins <input type="checkbox"/> Wheels	
Comments: _____ _____ _____ (Please complete comment field for details if repairing bin & leave bin accessible for driver to repair/replace)	

<b>COLLECTION DAY:</b> _____ <b>WEEK A</b> <input type="checkbox"/> <b>or B</b> <input type="checkbox"/>
HOUSE <input type="checkbox"/> UNIT <input type="checkbox"/> FLAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/>
<b>ADDRESS:</b> Unit No. _____ Street No. _____ Street Name: _____ City/Town: _____ Postcode: _____
<b>CUSTOMER NAME:</b> _____
PHONE: (H) _____ (M) _____ (W) _____
<b>SIGNATURE:</b> _____ <b>DATE:</b> ____/____/____
<b>Received by: Fax</b> <input type="checkbox"/> ____/____/____ <b>Phone:</b> <input type="checkbox"/> ____/____/____ <b>Mail/Email:</b> <input type="checkbox"/> ____/____/____

<b>OFFICE USE ONLY</b>		
<b>ASSESSMENT #:</b> _____	<b>CRM #</b> _____	<b>Requested Time:</b> _____
<b>PARCEL #:</b> _____	_____	<b>Requested Date:</b> _____
<b>SERVICES RECEIVED:</b> x _____	_____	<b>Received By:</b> _____

<b>JR RICHARDS USE ONLY</b>																		
<b>TIME COMPLETED:</b> _____		<b>BIN NUMBERS</b>																
<b>DATE COMPLETED:</b> _____		<table border="1" style="width:100%"><tr><th style="width:50%">RECYCLE BIN No.</th><th style="width:50%">OLD No.</th></tr><tr><td>1.</td><td></td></tr><tr><td>2.</td><td></td></tr><tr><td>3.</td><td></td></tr><tr><td>4.</td><td></td></tr><tr><td>5.</td><td></td></tr><tr><td>6.</td><td></td></tr><tr><td>7.</td><td></td></tr></table>	RECYCLE BIN No.	OLD No.	1.		2.		3.		4.		5.		6.		7.	
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1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
<b>JOB COMPLETED:</b> _____																		
<b>Complete Stamp</b>	<input type="checkbox"/> Job																	
<b>Date &amp; Sign</b>	<input type="checkbox"/> Data																	
	<input type="checkbox"/> Call																	

**RETURN TO:**  
Griffith City Council  
1 Benerembah St  
GRIFFITH NSW 2680

**OR FAX TO: 02 6962 7161**

**POSTAL ADDRESS**  
Griffith City Council  
PO Box 485  
GRIFFITH NSW 2680

Approved: Waste Operations Manager	Group / System: Waste Management	Document ID: WM-FO-401	Version: 5
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