

**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

OCCUPATION CERTIFICATE ISSUED <input type="checkbox"/> Yes <input type="checkbox"/> No Date Issued: _____	
1. <u>NEW</u> RECYCLE SERVICE <input type="checkbox"/> No. of Bins required: _____ ***NB: Commercial = 2 bins per service***	2. <u>CANCEL</u> SERVICE ***Commercial ONLY*** <input type="checkbox"/> <u>REMOVE</u> ADDITIONAL BIN ***Residential ONLY*** <input type="checkbox"/> No. of Services: _____ No. of Bins to Collect: _____
3. <u>ADDITIONAL SERVICES</u> (BIN AND PICK UP)	4. <u>MISSING</u> BIN (Stolen) <input type="checkbox"/> Circumstances: _____
5. <u>DAMAGED</u> BIN <input type="checkbox"/> Damaged by: Contractor <input type="checkbox"/> Resident <input type="checkbox"/> <u>Reason:</u> <input type="checkbox"/> Burnt <input type="checkbox"/> Vandalised <input type="checkbox"/> Split <u>Repairs:</u> <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)	

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

OFFICE USE ONLY		
ASSESSMENT #: _____	CRM # _____	Requested Date: _____
PARCEL #: _____	Received By: _____	
EXISITING SERVICES: x _____		

JR RICHARDS USE ONLY		
TIME COMPLETED:		BIN NUMBERS
		RECYCLE BIN No. OLD No.
DATE COMPLETED:		1. _____
		2. _____
JOB COMPLETED:		3. _____
		4. _____
Complete Stamp Date & Sign	<input type="checkbox"/> Job	5. _____
	<input type="checkbox"/> Data	6. _____
	<input type="checkbox"/> Call	7. _____

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

email: admin@griffith.nsw.gov.au OR
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: 9
Relevant To:	Date Issued: 31 Jan 2011	Revised: 13 Jul 2017	Status: Approved
			Page: 1 of 1