

**FORM**

(Blanks not to be photocopied. Print direct from DAKS)  
(Printed on 06-Sep-18 at 10:09)

**(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><u>NEW</u> RECYCLE SERVICE</b> <input type="checkbox"/> No. of Bins required: _____ ***NB: Commercial = 2 bins per service***	2. <b><u>CANCEL</u> SERVICE</b> ***Commercial ONLY*** <input type="checkbox"/> <b><u>REMOVE</u> ADDITIONAL BIN</b> ***Residential ONLY*** <input type="checkbox"/> No. of Services: _____ No. of Bins to Collect: _____
3. <b><u>ADDITIONAL SERVICES</u></b> <input type="checkbox"/> BIN & PICK UP SERVICE <input type="checkbox"/>	4. <b><u>MISSING</u> BIN</b> (Stolen) <input type="checkbox"/> Circumstances: _____
5. <b><u>DAMAGED</u> BIN</b> <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"/> FLATS <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>OWNERS 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> _____ <i>Requested Date:</i> _____
<b>PARCEL #:</b> _____	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> <i>Received by:</i> _____
<b>EXISTING SERVICES:</b> X _____	
<b>LOT/s Number</b> _____	<b>DP Number:</b> _____

<b>JR RICHARDS USE ONLY</b>			
<b>TIME COMPLETED:</b>		<b>BIN NUMBERS</b>	
		RECYCLE BIN No.	OLD No.
<b>DATE COMPLETED:</b>		1.	
		2.	
<b>JOB COMPLETED:</b>		3.	
		4.	
<b>Complete Stamp Date &amp; Sign</b>	<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

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

email to: [admin@griffith.nsw.gov.au](mailto:admin@griffith.nsw.gov.au)

<b>Approved:</b> Waste Operations Manager	<b>Group / System:</b> Waste Management	<b>Document ID:</b> WM-FO-201	<b>Version:</b> 9.2
<b>Relevant To:</b> Waste Staff	<b>Date Issued:</b> 31 Jan 2011	<b>Reviewed:</b> 6/9/18	<b>Status:</b> Approved <b>Page:</b> 1 of 1