

New/Replacement Wheelie Bin Application Form

Assessment Number:					
Lot Number:					
Street Number:					
Unit Number:					
Street Name:					
	Please note Dwner's signature required for or new or additional services Charges.	<u>e:</u> r application to be processed. as per current Financial Year's Fees and			
APPLICANT DETAILS:					
Applicant Full Name / Organisation:					
Postal Address:					
Contact Number & Email address:					
Applicant/Company Signature:					
DWNER DETAILS (if different from ap	plicant):				
Owner Full Name / Organisation:					
Postal Address:					
Contact Number & Email address:					
Owner Signature:					
STATE THAT (TICK 1 BOX ONLY):					
My bin(s) has/have been stolen	Police Report Number to be supplie	ed on all occasions for charges to be waived			
My bin(s) has/have been lost – F	My bin(s) has/have been lost – Replacement bin to be invoiced				
	ed and require repair- Repairs to be in ort Number to be supplied on all occa	nvoiced & photographs must accompany application asions for changes to be waived)	(If suspec		
		o be invoiced & photographs must accompany applica n all occasions for charges to be waived)	ation (If		
I would like to remove a bin(s) so	ervice – No charges applied				
This is a newly built property wit	h no current bin(s) service- Charges t	o be advised on rates notice			
		effected resident AGRN 1044 Ex Tc ELLIE			

Derby

9 (08) 9191 0999

30 Loch Street Sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728 **Fitzroy Crossing**

3 (08) 9191 5355

Flynn Drive PO Box 101, Fitzroy Crossing



Residential Rubbish Service (Green Bin)	Number of new services:	
Commercial Rubbish Service (Yellow Bin)	Number of new services:	

SHIRE OFFICE USE ONLY

Date Received:			Date sent to Cleanaway:	
Shire Officer:			Officer Signature:	
Invoice Required:	YES	NO	Date invoice sent to accounts	
Recorded in Synergy:	YES	NO	Date Recorded:	

CLEANAWAY USE ONLY

Phone: (08) 9191 1111 Email: derby@toxfree.com.au

New Bin Number:	Replacing Bin Number:	
Delivery Date:	Signature:	