Assessment No_	



COMMERCIAL RUBBISH & RECYCLING COLLECTION REQUEST

To the Chief Executive Officer	

This application is for a request to alter the rubbish and recycling collection as indicated below.

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Applicant								
Property Address to w Collection Request Ap		Rubbish -						
Name of Owner or Bu	siness:							
Postal Address:		-						
-el:			Email / Fax	κ:				
Indicate the total numl Note the number of se week would be 4 servi Note bulk bins may be Note 240L bins are suppit is sold and will remain property charges may appropriate the property charges may be appropriated the property charges may be appropriated to	ervices you r ces. e subject to re plied by the S in the prope	need to indic ental charge Shire inclusiv	cate is the nu s please con ve of the ann	imber of bin tact Avon W ual service o	aste (9641 13 costs. Bins a	318) for fees. re required t	o be left at th	ne property
Type of Bin Service	Rubbish	Recycle	Rubbish	Recycle	Rubbish	Recycle	Rubbish	Recycle
Commercial Service - Weekly								
Commercial Service - Fortnightly								
Total Rubbish Services:								
Applicant Take Note hereby certify that I reharges as specified will be effective on applicant Name:	read this ap in the Shire	e of Northa	am Schedu					
	Date:							
	******	*****	*****	*****	******	*****	******	******
			OFFICE U	SE ONLY				
FORM TO CONTI	O CONTRACTOR O		icer Initials:			Date:		
FORM TO RATES Of		Offic	er Initials:			Date:		