

Assessment No \_\_\_\_\_



Shire of Northam  
Heritage, Commerce and Lifestyle

## COMMERCIAL RUBBISH COLLECTION REQUEST

**To the Chief Executive Officer**  
**This application is for a request to alter the rubbish collection as indicated below.**

**Applicant**

Property Address to which This Rubbish Collection Request Applies to: \_\_\_\_\_

Name of Owner or Business: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

**INSTRUCTIONS:**

1. Indicate if you would like to add or remove services by writing the number of services in the appropriate column and add a + or - sign in front of the number. For example +6 or -2.
2. Indicate the total number of services you would like for the property
3. Note the number of services you need to indicate is the number of bin collections. For example 2 bins collected twice a week would be 4 services.
4. Note skip bins may be subject to rental charges please contact Avon Waste (9641 1318) for fees.

Type of Bin Service	240L Rubbish	240L Recycle	1.5m <sup>3</sup> Rubbish	1.5m <sup>3</sup> Recycle	3.0m <sup>3</sup> Rubbish	3.0m <sup>3</sup> Recycle	4.5m <sup>3</sup> Rubbish	4.5m <sup>3</sup> Recycle
Commercial Service - Weekly								
Commercial Service - Fortnightly								
<b>Total Rubbish Services:</b>								

**Applicant Take Note:**

*I hereby certify that I read this application form and understand that I am liable to pay the rubbish collection charges as specified in the Shire of Northam Schedule of Fees and Charges and that the service charge will be effective on approval of this submission.*

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

• FORM TO CONTRACTOR      Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_

• FORM TO RATES              Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_