



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

## **RESIDENTIAL RUBBISH COLLECTION REQUEST**

**To the Chief Executive Officer**

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

**Applicant (Must be property owner)**

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

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

Contact Person: \_\_\_\_\_

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

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

**Rubbish Collection Details:**

**Specify the NUMBER of Rubbish Collection services to be added to or removed from the property**

			<b>Total Number of Services for Property</b>
Standard - Rubbish (weekly) & Recycling (fortnightly) Collection 240L	No. _____	Add / Remove	No. _____
Additional - Rubbish (weekly) Collection 240L	No. _____	Add / Remove	No. _____
Additional - Recycling (fortnightly) Collection 240L	No. _____	Add / Remove	No. _____

**\* A Standard Service is compulsory for all residential properties where Rubbish Collection is carried out**

**\* Pensioners receive a \$20 discount for Recycling Collection**

**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: \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

- FORM TO CONTRACTOR (Fax 9641 2498)      Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_
- FORM TO RATES      Officer Initials: \_\_\_\_\_ Date: \_\_\_\_\_