



TRIM Reference: \_\_\_\_\_

## REQUEST FOR RUBBISH COLLECTION SERVICE & PURCHASE OF A BIN

### ADDRESS OF PROPERTY REQUIRING THE SERVICE

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

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

### TYPE OF SERVICE REQUIRED

Commercial:  Industrial:  Residential:

### PROPERTY OWNER INFORMATION

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

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

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PROPERTY AGENT INFORMATION *(if applicable)*

Property Agent: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_ PO Attached:  Yes  No

### SERVICE REQUIREMENTS

DESCRIPTION	QTY	ANNUAL CHARGE PER SERVICE		AMOUNT (\$)
		RES.	C/I	
<input type="checkbox"/> Do you require a new bin collection service to the property? <i>This cost will be included in your Rates</i>		\$256	\$312	\$
<input type="checkbox"/> Do you require a new bin(s) to be delivered to the property? <i>Payment Upfront</i>		\$105		\$
<input type="checkbox"/> Do you require an additional bin service to the property? <i>This cost will be included in your Rates</i>		\$256	\$312	\$
<input type="checkbox"/> Do you require additional bin(s) to be delivered to the property? <i>Payment Upfront</i>		\$105		\$



I understand that the City of Greater Geraldton charges a minimum of one (1) rubbish rate charge per property per annum and any additional rubbish collection services shall increase the property's annual rate charges as from the date of this application. All applications for new or additional services after the 1<sup>st</sup> July will be charged pro rata from the date of the application.

*Please Note: It may take up to five (5) days to deliver the requested bin(s).*

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

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Admin. Officer: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Rates Dept. Notified:  Yes  No

CBDB WR Number: \_\_\_\_\_ Date WR Created: \_\_\_\_\_

Ackl TRIM Ref: \_\_\_\_\_ Date WR Completed: \_\_\_\_\_

Date Inv Req Raised: \_\_\_\_\_

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