

# Statutory Declaration Replacement of Mobile Garbage Bin

## Section One – Name and Address Details

### Your Details

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Street Name	
<input type="text"/>	<input type="text"/>	
Suburb/Town	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	

## Section Two – Mobile Garbage Bin Details

I do solemnly and sincerely declare that my:

- Green waste bin** (please circle appropriate size) of **120Litre** or **240Litre** **Size**  
 **Household bin** (please circle appropriate size) of **80Litre** or **120Litre** or **240Litre** **Size**  
 (The size of your bin is usually stamped on the front)  
 **Recycling bin** of **240Litre Size**

Was; (please tick appropriate answer)

**Stolen** or  **Damaged**

**Other** (please specify in detail in the space below)

*Any supporting written evidence should be attached to this form*

## Section Three – Declaration to be completed by resident

I acknowledge that this declaration is true and correct and I make it in the belief that a person making a false declaration is liable to penalties of perjury.

<b>SIGN HERE</b>	Signature	<b>WITNESS</b>	Before me
	Declared at		Witness name <span style="float: right;">Signature of witness</span>
	In the state of Victoria on the		of <span style="float: right;">Full name</span>
	<small>Suburb</small>		Status <sup>†</sup> <span style="float: right;">Witness address</span>
	<small>Date</small>		<small>Status of witness</small>

<sup>†</sup> This declaration must be witnessed in the presence of a justice of the peace, police officer, medical practitioner, dentist, pharmacist, minister of religion, or bank manager

### Your Privacy

Any personal information recorded on this form will only be used by the City of Darebin for administration of replacement of MGB. Council will not disclose this information to any other individual or organisation unless required to by law.

### Lodgment of Form

Completed applications should be returned to – City of Darebin, **PO Box 91, Preston VIC 3072.**  
For more information, contact Customer Service on 8470 8888.

### Office Use Only

Date Received \_\_\_\_\_ Received By \_\_\_\_\_  
 Request Number \_\_\_\_\_ Entered in Pathway Y/N \_\_\_\_\_ Objective ref number: \_\_\_\_\_