



REQUEST FOR REPLACEMENT WHEELIE BIN SERVICE(S) 2021/2022

PROPERTY ADDRESS: _____ PID: _____

Waste Bin: 140 ltr
 Waste Bin: 240 ltr (please tick bin type)
 Recycling Bin: 240 ltr

- **Replacement Fee 140 ltr \$65.00**
- **Replacement Fee 240 ltr \$80.00**
- ****Plus a one off delivery fee of \$17.00 payable prior to bin being dispatched, or bin/s may be collected from the depot by arrangement.***

1. REPLACE DAMAGED BIN(S): _____ NUMBER OF BINS REQUESTED: _____
 • ***Damaged bins can be replaced at no additional charge, subject to the return of the damaged bin.***
 • ***A delivery fee is not applicable if the bin has been damaged by the collection truck.***

2. REPLACE LOST/STOLEN BIN(S): _____ NUMBER OF BINS REQUESTED: _____
 • ***Requests for replacement bins for any reason other than the return of a damaged bin will incur a one off replacement fee.***
 • ****This fee must be paid prior to the issuing of a new bin, contact Council to arrange payment.***

Important Notes:

- At all times bins remain the property of Council and are attached to the property.
- An annual fee is charged per bin/collection service.
- There is no one off charge for the issue of new or additional services; charges will be added to your annual rates where necessary.
- Damaged bins can be replaced at no charge, subject to the return of the damaged bin.
- Requests for replacement bins for any reason other than the return of a damaged bin will incur a one off replacement fee.

DECLARATION: I/We _____ of

Postal Address:

- Tick if same as property address
- If different, please print your postal address below;

Request replacement WASTE / RECYCLING wheelie bin collection service(s) as per the above information. I/we understand there may be additional charges and I agree to accept these charges.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

Contact Phone No.: _____ Email: _____

OFFICE USE ONLY:

Damaged Bin Returned: Yes / No
 Replacement Bin fee paid: Yes / No Receipt No.: Date:/...../.....
 Delivery Fee paid: Yes / No Receipt No.: Date:/...../.....
 Arranging Collection: Yes / No

BIN No (Waste): _____ DATE DELIVERED: _____

BIN No (Recyc ling): _____ DATE DELIVERED: _____