

	<h1>REPLACEMENT MOBILE GARBAGE BIN REQUEST</h1>	Form No:	HLTH001.1
		Page No:	1 of 2
		Last Updated:	1 July 2023
		Form Ownership:	Environmental Health Manager
		Relevant Policy	ENVPOL 12 Waste Mgt Policy

PROPERTY DETAILS					
Unit/Street No.		Lot No.		Assessment No.	A
Street Name					
Suburb					
Premises Type <i>(ie. house, unit, flat)</i>					
APPLICANT DETAILS					
Applicant Status <i>(Please Tick One)</i>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Agent				
Surname			Given Name		
Agency Name					
Postal Address					
	Suburb				Postcode
Telephone	Home				
	Work				
	Mobile				
Email Address					
SERVICE DETAILS					
Service Details	Is original bin: <input type="checkbox"/> Missing <input type="checkbox"/> Damaged <input type="checkbox"/> Yellow Lid <input type="checkbox"/> Red Lid				
	<i>As per Clause 5.2.4 of the Waste Management Policy ENVPOL 12, one (1) bin replacement (from damage, lost or stolen bins) within five (5) years will be permitted free of charge.</i>				
	Does Clause 5.2.4 apply in this instance?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (previous replacement has been issued)	
	<b>Please Note:</b> <ul style="list-style-type: none"> <li>Mobile garbage bin cannot be delivered until payment has been received or abovementioned approval granted (Clause 5.2.4)</li> <li>Cost for replacement bin is \$85.00 (GST Inclusive)</li> <li>Damaged bin/s will be retrieved when the replacement bin is delivered</li> <li>To assist with the delivery of bins, property street numbers must be clearly displayed</li> </ul>				
GENERAL DECLARATION					
I/We being the applicant for a replacement mobile garbage bin for the above property: <ol style="list-style-type: none"> <li>Acknowledge that any mobile garbage bin supplied by Council always remains the property of Council and must not be removed from the property described in this application.</li> <li>Understand that I/we am/are responsible for ensuring the mobile garbage bin is in a clean and sanitary condition at all times.</li> <li>Acknowledge that I/we am/are responsible for the <u>full cost</u> of replacement (as determined by Council) should the mobile garbage bin/s supplied by Council be lost, damaged or stolen.</li> </ol>					
Signature			Date		

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PAYMENT OPTIONS																						
In Person	<p>Payment can be made in person by cash, cheque, credit card or EFTPOS at either of the following locations:</p> <ul style="list-style-type: none"> <li>Council Office 324 Commercial Street West, Mount Gambier SA 5290 (Phone 08 8721 0444)</li> <li>Port MacDonnell Community Complex 5 Charles Street, Port MacDonnell SA 5291 (Phone 08 8738 3000)</li> </ul>																					
By Post	<p>Postal applications can be sent to District Council of Grant, PO Box 724, Mount Gambier SA 5290. Please make cheques payable to District Council of Grant or complete credit card details below.</p> <table border="1" style="width: 100%;"> <tr> <td>Cardholders Name:</td> <td colspan="2"></td> </tr> <tr> <td>Card Type: <i>(Please tick one)</i></td> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> Mastercard</td> </tr> <tr> <td>Card Number:</td> <td colspan="2"></td> </tr> <tr> <td>Expiry Date:</td> <td colspan="2"></td> </tr> <tr> <td>CVS Number:</td> <td colspan="2"></td> </tr> <tr> <td>Total Amount:</td> <td colspan="2"></td> </tr> <tr> <td>Signature:</td> <td colspan="2"></td> </tr> </table>	Cardholders Name:			Card Type: <i>(Please tick one)</i>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	Card Number:			Expiry Date:			CVS Number:			Total Amount:			Signature:		
Cardholders Name:																						
Card Type: <i>(Please tick one)</i>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard																				
Card Number:																						
Expiry Date:																						
CVS Number:																						
Total Amount:																						
Signature:																						

OFFICE USE ONLY			
Receipt Number		Date	
Date Bin Delivered		Delivered By	
New Bin Number		Old Bin Number	