



# REPLACEMENT MOBILE GARBAGE BIN REQUEST

Form No:	HLTH001.1
Page No:	1 of 2
Last Updated:	10 <sup>th</sup> July 2019
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	<p>Is original bin:</p> <p><input type="checkbox"/> Missing                      <input type="checkbox"/> Damaged</p> <p><input type="checkbox"/> Yellow Lid                      <input type="checkbox"/> Red Lid</p> <p><b>Please Note:</b></p> <ul style="list-style-type: none"><li>• Mobile garbage bin cannot be delivered until payment has been received</li><li>• Cost for replacement bin is \$75.00 (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><li>• Bins will be delivered within 7 days of received this request</li></ul>
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## GENERAL DECLARATION

I/We being the applicant for a replacement mobile garbage bin for the above property:

1. 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.
2. Understand that I/we am/are responsible for ensuring the mobile garbage bin is in a clean and sanitary condition at all times.
3. Acknowledge that I/we am/are responsible for the full cost of replacement (as determined by Council) should the mobile garbage bin/s supplied by Council be lost, damaged or stolen.

Signature		Date	
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## PAYMENT OPTIONS

In Person	Payment can be made in person by cash, cheque, credit card or EFTPOS at either of the following locations: <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	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. <table border="1"><tr><td>Cardholders Name:</td><td></td></tr><tr><td>Card Type: <i>(Please tick one)</i></td><td><input type="checkbox"/> Visa                      <input type="checkbox"/> Mastercard</td></tr><tr><td>Card Number:</td><td></td></tr><tr><td>Expiry Date:</td><td></td></tr><tr><td>CVS Number:</td><td></td></tr><tr><td>Total Amount:</td><td></td></tr><tr><td>Signature:</td><td></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	