

# Young Shire Council



## REQUEST FOR GREEN WASTE BIN / PART

**OWNER:**

**HSE No.:**  **STREET:**

**LOT No.:**  **DP/SEC:**

**TOWN:**  **PHONE:**

Please tick appropriate box

**NEW OR EXTRA SERVICE**

**REPLACEMENT GARBAGE BIN**

Replacement due to:  stolen / missing  damaged

other .....

**SERIAL NO. OF BIN TO BE REPLACED**

I understand that I will need to meet the cost of the garbage bin as well as the residual Domestic Waste Management Charge for the financial year, at the time of lodgement of this form.

I/We, the undersigned, request that Council issue me with additional Mobile Garbage Bins (as stated above) for use at my residential premises.

I understand that I will be responsible for the bin and replacement upon loss or damage.

**Signature of Owner:**

**Print Name:**

**Date:**

	OFFICE USE ONLY	Job No.
<b>NEW MGB FEE</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text" value="NGWB"/>
<b>RESIDUAL DWM CHARGE</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text" value="AGWB"/>
<b>REPLACEMENT MGB FEE</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text" value="GWMB"/>
<b>REPLACEMENT PART</b>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text" value="GWMB"/>
<b>TOTAL</b>	<input style="width: 100%; height: 25px; border: 2px solid black;" type="text"/>	

**RCPT TOTAL:**  **RCPT No.:**  **DATE:**

**Rates Asst No.**

<b>BIN ALLOCATION:</b>	<b>Bin #</b>	<input style="width: 90%;" type="text"/>	<b>Date Allocated :</b>	<input style="width: 90%;" type="text"/>
	<b>Bin #</b>	<input style="width: 90%;" type="text"/>	<b>Date Allocated :</b>	<input style="width: 90%;" type="text"/>