



# SHIRE OF DUMBLEYUNG Bin Request Form

Assessment No.
Record No.

Owner/Property Manager Details	
Full Name:	Date of Request:
Property Address:	
Postal Address:	
Phone Number:	Email Address:

Note: \* It is compulsory for residential properties to have at least one bin service for the property.

Request Details										
<input type="checkbox"/> Missing	<input type="checkbox"/> Refuse Bin									
<input type="checkbox"/> Stolen	<input type="checkbox"/> Recycling Bin									
<input type="checkbox"/> Other (damages/exchanges):										
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Parts:</td> <td style="border: none;">Lids</td> <td style="border: none;">ea:</td> </tr> <tr> <td style="border: none;">Pins</td> <td style="border: none;"></td> <td style="border: none;">ea:</td> </tr> <tr> <td style="border: none;">Wheels</td> <td style="border: none;"></td> <td style="border: none;">ea:</td> </tr> </table>		Parts:	Lids	ea:	Pins		ea:	Wheels		ea:
Parts:	Lids	ea:								
Pins		ea:								
Wheels		ea:								
Police Report Number:										

(tick)	RESIDENTIAL Services	Price	Fees & Charges Apply to
New Bin Service/s	Refuse & Recycling bins collected each week	\$ 516.00	Interim Rate will be generated and posted
Additional Bin Service/s	Additional bins (1ea) collected each week	\$ 516.00	Interim Rate will be generated and posted
Purchase/Replacement of Bin/s	Does not include being serviced in addition with your current bins	\$ 132.00	Invoice No charge IF a police report no. is given for lost or damaged
Remove Additional Bin Service/s	Reduce number of bins collected each week	Interim Rate will be generated and posted	

Signature: \_\_\_\_\_  
*Applicant*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Receiving Officer*

Date: \_\_\_\_\_

OFFICE USE ONLY	
Receiving Officer	Charging
Bin provided by Shire Depot <input type="checkbox"/>	Added to Rates <input type="checkbox"/> Interim Rates
Date Delivered: _____ By: _____	Removed from Rates <input type="checkbox"/> Interim Rates
Bin provided by Warren Blackwood <input type="checkbox"/>	Debtors Invoice <input type="checkbox"/> INV#
Date delivered: _____	<input type="checkbox"/> No Charge
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____