

APPLICATION FORM

Request replacement of 140 litre garbage bin to a 240 litre garbage bin in a three bin waste zone

PO Box 81
DUBBO 2830



Phone: 6801 4000
Fax: 6801 4259
E-mail: council@dubbo.nsw.gov.au

1. Owner Details:

Title: Mr Mrs Miss Ms Other

Surname: _____

Given name/s: _____

Postal address: _____

E-mail: _____

Phone numbers: _____ (H) _____ (W) _____ (M)

2. Property Details:

Assessment number: _____

Property address: _____

Lot and DP: _____

Note: This application is assessed on the circumstances presented and should not be considered an automatic approval.

3. Activity Details:

Is the property rented? No Yes (if yes, please complete the managing agents details below)

Managing agent's name: _____

Managing agent's address: _____

Number of residents living at property: _____ Number of adults: _____ Number of children: _____

Circumstances provided in support of this application:

Note: Granting of a weekly 240 litre garbage service will incur an additional charge as set by Council for the rating year. This charge is an annual charge and will not be levied on a pro-rata basis.

Owner's signature: _____ Date: _____

OFFICE USE:

Date received: _____ Received by: _____