

Application for Additional Collection and/or Waiver

FINANCIAL MANAGEMENT

DCSB 07 Form 76

(A separate application is to be completed for each property/request.)

Application to:

☐ Waive / remove waste levy☐ Replacement sticker☐ Apply / Add Collection Service☐ Sticker request

Assessment Number:	
Property Address:	
Property Owner:	
Phone Number:	
Email:	
Confirm Postal Address: This is where bin stickers are sent to.	

Reason:

Service Agreement Terms (for Additional Collection Service)

By submitting this application, I, the undersigned, hereby apply for an additional kerbside bin collection service at the above address. I understand and agree to the following terms and conditions:

1. **Bin Ownership and Maintenance**
 - o I am responsible for the **purchase, care, and maintenance** of the additional bin.
 - o Council will not be liable for any damage, loss, or theft of the bin.
2. **Collection Schedule**
 - o The additional bin will only be collected on the **same day as the regular kerbside collection** for my property.
 - o Missed collections due to non-compliance with terms will not be rescheduled.
3. **Annual Service Fee**
 - o I acknowledge that this service incurs an **annual fee**, payable in advance.
 - o A **collection sticker** will be issued upon full payment and is valid for one collection year.
4. **Sticker Requirement**
 - o A valid **Council-issued sticker must be affixed** to the additional bin at all times.
 - o Bins **without a valid sticker will not be collected**.
5. **Service Cancellation**
 - o I am responsible for **notifying Council in writing** if I no longer wish to receive the additional collection service.
 - o Service will continue, and charges will apply, **until such notification is received**.
6. **Sticker Issuance**
 - o Stickers will be **issued annually** once payment for the service is received.

Declaration

I have read and understood the above terms and conditions. I agree to abide by them for the duration of the service.

Signature: _____

Date: _____

Office Use Only

Application accepted ☐ YES / ☐ NO

Authorising Staff Name:	
Position:	
Date:	

☐ Sticker Supplied / Returned

Signed Officer _____

Update Load Factors: Current year:_____ Added to next year:_____

☐ Email Waste Services Team Leader to advise new collection.

Signed Rates Officer _____

Notes: