

## DOMESTIC WASTE SERVICE AGREEMENT BUSINESS WITH RESIDENTIAL COMPONENT

The consent of the owner or authorised agent must be obtained before submitting this Agreement. The appropriate delivery fee per bin will apply at the time of each application to increase a nominated service, **excepting new owners**. Charges associated with this Agreement will be reflected in your quarterly Rates and Annual Charges Notice.

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/ Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name: <input style="width: 100%;" type="text"/>			
Property Address:			
	Unit	/	House Number
	<input style="width: 50%;" type="text"/>	/	<input style="width: 50%;" type="text"/> - <input style="width: 50%;" type="text"/>
Street or PO Box: <input style="width: 100%;" type="text"/>			
Suburb: <input style="width: 100%;" type="text"/>		State: <input style="width: 50%;" type="text"/>	Postcode: <input style="width: 50%;" type="text"/>
*Daytime Phone: <input style="width: 50%;" type="text"/>	*Fax: <input style="width: 50%;" type="text"/>	*Mobile: <input style="width: 50%;" type="text"/>	
*Email: <input style="width: 100%;" type="text"/>			
<i>*Voluntary information only (Assists with timely processing of your application). See Privacy and Personal Information Protection Act 1998 statement.</i>			

PAYMENT DETAILS	
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Complete section below if credit cardholder is not the applicant. The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.	
_____ Cardholder's Printed Name	_____ Date
_____ Cardholder's Signature	

CONTACT DETAILS	
Consent of Owner/Managing Agent/Secretary of Owners Corporation (please circle)	
Name: _____	Property Address: _____
Address of Owner/Managing Agent/Secretary of Owners Corporation (if different to above): _____	
*Daytime Phone _____	Fax: _____ Mobile: _____
Signature: _____	

NEW SERVICE					
No:	Bin Type	Charge per annum	Office Use Only		
	1x80 Litre MGB	\$372.00	On Property Service Physically Unable		
	1x120 Litre MGB	\$608.00			
	140 Litre Blue Recycle Paper		Community Case Workers Approval		
	140 Litre Yellow Recycle Bottles				
	240 Litre Blue Recycle Paper				
	240 Litre Yellow Recycle Bottles		Date Approved		

EXISTING SERVICE						
Lost, Stolen or Change of Bin Size					Office Use Only	
No:	Bin Type	Charge per annum	Delivery fee per bin	Rec Code	DWM Code	
	1x80 Litre MGB	\$372.00	\$89.00	410	Assessment No	
	1x120 Litre MGB	\$608.00	\$94.00	410	Previous Code	
	140 Litre Blue Recycle Paper		\$94.00	410	Bin Ordered On	
	140 Litre Yellow Recycle Bottles		\$94.00	410	Bin Ordered By	
	240 Litre Blue Recycle Paper		\$114.00	410		
	240 Litre Yellow Recycle Bottles		\$114.00	410		

Fees are GST exempt.

BIN DETAILS	
Delivery Instructions:	_____
<b>Note:</b> All garbage and recycle bins are provided by, and remain the property of Council.	

PRIVACY AND PERSONAL INFORMATION ACT	
<p>Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.</p>	
DECLARATION	
The details provided by me are correct and I have read and understand all information provided in this application.	
Applicant's Signature _____	Date _____

LODGEMENT INFORMATION	
<p>It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction to avoid the time lost in the event of incomplete applications and the need to return them by post. Applications that are lodged by post should be addressed to The General Manager, PO Box 211, SPIT JUNCTION NSW 2088.</p>	
<b>For privacy and security reasons payment is prohibited by credit card via email transmission.</b>	
<p><i>If you require further information on completing this form, contact the Waste Team on 9978 4000 between 8.30am and 5.00pm Mondays to Fridays.</i></p>	

OFFICE USE ONLY			
Receipt No.:	Date:	Amount: \$	Initials:
_____	_____	_____	_____

# Credit Card Authority Form

**This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council**

**Credit Card Details - Council Payment Fax No. (02) 9978 4299  
This form cannot be emailed to Council**

Please charge my    American Express     Master Card     Visa

Card number               

Card holder's name        Expiry Date     /

Amount    \$     Phone    (  )  daytime

Signature   

**Please note that American Express, Master Card and VISA incur a 1% service fee.**

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