

DOMESTIC WASTE SERVICE AGREEMENT UNITS & TOWNHOUSES

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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Company name: <input style="width: 95%;" type="text"/>		
Property Address: Unit <input style="width: 40px;" type="text"/> / House Number <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>		
Street or PO Box: <input style="width: 95%;" type="text"/>		
Suburb: <input style="width: 95%;" type="text"/>		State: <input style="width: 40px;" type="text"/> Postcode: <input style="width: 40px;" type="text"/>
*Daytime Phone: <input style="width: 100px;" type="text"/>	*Fax: <input style="width: 100px;" type="text"/>	*Mobile: <input style="width: 100px;" type="text"/>
*Email: <input style="width: 95%;" type="text"/>		

**Voluntary information only (Assists with timely processing of your application). See Privacy and Personal Information Protection Act 1998 statement.*

PAYMENT DETAILS

Method of Payment (please tick): Cash Cheque 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 _____

For privacy and security reasons payment is prohibited by credit card via email transmission.

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):

*Day Time Phone: _____ *Fax: _____ *Mobile: _____

Signature: _____



Please affix Owners Corporation Seal, if appropriate.

NEW PROPERTY SERVICE			
No:	Bin Type	Charge per annum	Office Use Only
	1x80 Litre MGB	\$372.00	DWM Code
	1x120 Litre MGB by 2 units (charge per unit)	\$372.00	Assess. No.
	1x240 Litre MGB by 2 units (charge per unit)	\$608.00	Previous Code
	1x240 Litre MGB by 3 units (charge per unit)	\$372.00	New Code
	1x240 Litre MGB by 4 units (charge per unit)	\$372.00	Bin Ordered On
	140 Litre Blue Recycle Paper		Bin Ordered By
	140 Litre Yellow Recycle Bottles		
	240 Litre Blue Recycle Paper		
	240 Litre Yellow Recycle Bottles		

EXISTING SERVICE				
Lost, Stolen or Change of Bin Size				
No:	Bin Type	Charge per annum	Delivery fee per bin	Rec Code
	1x80 Litre MGB	\$372.00	\$89.00	410
	1x120 Litre MGB by 2 units (charge per unit)	\$372.00	\$94.00	410
	1x240 Litre MGB by 2 units (charge per unit)	\$608.00	\$114.00	410
	1x240 Litre MGB by 3 units (charge per unit)	\$372.00	\$114.00	410
	1x240 Litre MGB by 4 units (charge per unit)	\$372.00	\$114.00	410
	140 Litre Blue Recycle Paper		\$94.00	410
	140 Litre Yellow Recycle Bottles		\$94.00	410
	240 Litre Blue Recycle Paper		\$114.00	410
	240 Litre Yellow Recycle Bottles		\$114.00	410

Fees are GST inclusive.

BIN DETAILS	
Delivery Instructions: _____	Location of storage area: _____
<p>Note: All garbage and recycle bins are provided by, and remain the property of, Council. All waste and recycling bins will be collected from, and returned to, your bin storage area.</p>	

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	
<p>The details provided by me are correct and I have read and understand all information provided in this application.</p>	
_____	_____
Applicant's Signature	Date

LODGEMENT INFORMATION

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. Alternatively applications can be lodged by post and should be addressed to The General Manager, PO Box 211, SPIT JUNCTION NSW 2088, emailed to council@mosman.nsw.gov.au or fax to 9978 4132

For further information contact the Waste Team on 9978 4000 between 8.30am and 5.00pm Mondays to Fridays.

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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