

## ORDER FOR COMPOST BIN / WORM FARM

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
<input type="text" value="Mr/Mrs/Ms/Dr/Other:"/> <input type="text"/>	<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: 50px;" type="text"/>	/	<input style="width: 50px;" type="text"/>	- <input style="width: 50px;" type="text"/>
Street or PO Box:	<input style="width: 100%;" type="text"/>		
Suburb:	<input style="width: 100%;" type="text"/>	State: <input style="width: 50px;" type="text"/>	Postcode: <input style="width: 50px;" 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: 100%;" type="text"/>		
*Voluntary information only (Assists with timely processing of your application). See Privacy and Personal Information Protection Act statement.			

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 _____	
Payment may be made by cash, cheque or credit card (MasterCard, Visa and Amex accepted).	

CONTACT DETAILS	
(Complete when a company or more than one person is the applicant)	
*Contact person: _____	*Daytime Phone: _____

BIN DETAILS			
• Compost Bin	220L	\$20.00	Receipt Code 225
• ReIn Worm Factory Worm Farm	63L	\$74.00	Receipt Code 225
• Vermihut Worm Farm	40L	\$75.00	Receipt Code 225
Fees are GST inclusive. Limit of one bin per rateable property.			
Delivery instructions: _____			
If you are interested in attending an Eco-Gardening, Composting or Worm Farming workshop, please call Kimbriki on 9486 3512 (bookings are essential).			

**PRIVACY AND PERSONAL INFORMATION ACT**

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.

**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**

**Method of Lodgement**

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.

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

*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.*

**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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REPRODUCED BY COUNCIL**