

## APPLICATION FOR IN-HOME WASTE COLLECTION SERVICE

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Why do you need this service? \_\_\_\_\_

\_\_\_\_\_

Is there access to the property? Yes/No

Where is the access? \_\_\_\_\_

\_\_\_\_\_

Where are the bins located on the property? (bins must be located at the front of the property) \_\_\_\_\_

\_\_\_\_\_

Is there a dog at the property? Yes/No

Date that you would like the service to commence: \_\_\_\_\_

Medical Certificate provided? Yes/No

(Medical Certificate is required to be eligible for this service)

What day do your bins get emptied? Rubbish Bin (240L): \_\_\_\_\_

Recycle Bin (240L): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sent to Contractor (office use only): \_\_\_\_\_

D15/35225[v4]

### Administration

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966 | Hours Mon-Fri 8am-5pm (Cashier hours 8am-4pm)  
Telephone 08 9439 0200 | Facsimile 08 9439 0222 | TTY 08 9419 7513 | admin@kwinana.wa.gov.au | www.kwinana.wa.gov.au

