



BIN SERVICE FORM

DO NOT COMPLETE THIS FORM IF YOUR BIN IS DAMAGED
DAMAGED BINS – Contact the City of Kalgoorlie-Boulder Waste Services 9021 9600

Name: _____ Assessment No. _____
(If known)

Service Address: _____

Postal Address: _____

Business Name: _____

(Compulsory for Commercial Services and Property Managers)

Contact Number: _____

THIS SECTION IS FOR NEW / AMENDED SERVICES. IT SHOULD BE COMPLETED AND SIGNED BY THE RATE PAYER OR THE PROPERTY MANAGER ONLY.

NEWLY BUILT (HOUSE / BUSINESS)
 Green Bin Recycling Bin (Recycling bins are distributed to residential properties only)

<input type="checkbox"/> AMENDED SERVICE *Changes to services affect your rates as per the Schedule of Fees and Charges	
<input type="checkbox"/> Green Bin Current Service: ____ Bin/s ____ Collections per week New Service: ____ Bin/s ____ Collections per week <input type="checkbox"/> Bin/s already on site	<input type="checkbox"/> Recycling Bin (Residential use only) Current Service: ____ Bin/s ____ Collections per fortnight New Service: ____ Bin/s ____ Collections per fortnight <input type="checkbox"/> Bin/s already on site

I declare that I am the **rate payer / property manager** of this property and the above information is true and correct:

Signature: _____ **Date:** ____ / ____ / ____

(This document must be signed for this request to be processed)

THIS SECTION IS FOR STOLEN / ABSENT BINS. IT MAY BE COMPLETED BY THE TENANT, RATE PAYER OR PROPERTY MANAGER.

STOLEN / ABSENT BIN
 Green Bin Recycling Bin (Residential use only)

I declare that I am the **resident / rate payer / property manager** of this property and the above information is true and correct:

Signature: _____ **Date:** ____ / ____ / ____

(This document must be signed for this request to be processed)

Officer Use Only
 Assessment No: _____ Officer Name: _____ Date: _____

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