

# Mobile Garbage Bin Collection Form



This form is to be completed by the principal ratepayer for new, amended or cancelled mobile garbage bin collection services.

All changes will be applied to the next rates notice and must be requested by the principal ratepayer owner.

Refer to the Waste Collection and Disposal Service Policy for further information.

Principal Ratepayer Details	
Contact name:	
Property address:	
Postal address (if different):	
Preferred contact number:	Email:

Mobile Garbage Bin Collection Details		
<input type="checkbox"/> <b>Domestic Property (Kerbside Collection)</b> <i>Note: It is a legal requirement for a domestic property to have a minimum of one waste bin collected once per week.</i>	OR	<input type="checkbox"/> <b>Commercial Property or Recreational Facility</b> <i>Note: There is no legal minimum or maximum number of bins for a commercial property or recreational facility except that waste removal is adequate to prevent a nuisance/hazard.</i>
OR		
<input type="checkbox"/> <b>Bin Bank Collection</b> <i>Note: It is a legal requirement for a domestic property within 500m of a designated bin bank collection area to have a minimum of one waste bin collected once per week.</i> <i>Select this option if you reside beyond the prescribed distance and would like to have waste collected from a bin bank site.</i>		
<input type="checkbox"/> <b>New Application</b>	<input type="checkbox"/> <b>Cancel Service</b>	<input type="checkbox"/> <b>Change Bin/s</b>
Commencement Date:		
<i>Existing</i>		<i>Required</i>
Existing number of bins =	Required number of bins =	

Fees and Charges
New, amended or cancelled mobile garbage bin collection services must be requested by the principal ratepayers and will be applied to the applicable rates notice. Fees are available by contacting the Council Office or from our website <a href="http://www.wudinna.sa.gov.au">www.wudinna.sa.gov.au</a> .

Declaration
I submit this form declaring that the details are correct to the best of my ability.
Name: _____ Signature: _____ Date: _____

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