

Waste Management

Assisted Household Waste Removal Service

Council of the City of Gold Coast
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Please use BLOCK LETTERS and complete all details in full.

An Assisted Household Waste Removal Service is where the bin is left at a defined point within the property and the bin is serviced and returned to this point by the City's waste and recycle collection contractor.

Applicant details

Name of applicant			
Property address			
Contact details	Phone:	Fax:	
	Email:		
Rate account number (if known)			

Declaration

I hereby apply for an Assisted Household Waste Removal Service.

I/We declare that I/we am/are incapable of positioning the City's wheeled waste/recycling bin/s in the required position for servicing and furthermore, that there is no other person who is capable of performing this task^.

Signature	Date
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NECESSARY SUPPORTING MEDICAL ADVICE

GP; Medical Specialist; Health Care Nurse^

I hereby advise that in my opinion the above named person(s) is/are incapable of positioning the City's wheeled waste bin in the position required for servicing.

Capacity	
Name	
Business address	
Contact phone no.	
Signature	
Date	

^ Cross out that which does not apply

Office use only

Date received		Received by	
RA		PN	
Customer no.		Acknowledgment sent	

COLLECTION NOTICE

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