



Boorowa Office  
6-8 Market Street

Young Office  
189 Boorowa Street

6380 2000

63801200

Harden Office  
3 East Street  
6386 0100

m| Locked Bag 5, Young NSW 2594  
e| [mail@hilltops.nsw.gov.au](mailto:mail@hilltops.nsw.gov.au)

## REQUEST FOR MOBILE BIN/PART

### OWNER DETAILS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOT: \_\_\_\_\_ DP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SERIAL NO. OF BIN TO BE REPLACED: \_\_\_\_\_

ASSESSMENT NUMBER: \_\_\_\_\_

**GARBAGE**

**GREENWASTE**

**RECYCLING**

Please tick appropriate box:

**New or extra service**

**Replacement**

**due to**  stolen/missing  damaged

other \_\_\_\_\_

### OWNER/ APPLICANTS DECLARATION

I understand that I will need to meet the cost of the garbage bin as well as the residual Domestic Waste Management Charge for the financial year, at the time of lodgment of this form.

I/We, the undersigned, request that Council issue me with an additional Mobile Bin/s (as stated above) for use at my residential premises.

SIGNATURE OF OWNER: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE USE ONLY

	FEE	GARBAGE BIN JOB NO	RECYCLING JOB NO	GREENWASTE JOB NO
NEW MGB FEE	\$	NDWMB	NRECB	NGWB
RESIDUAL CHARGE	\$	ADWM	AREC	AGWB
REPLACEMENT FEE	\$	DWMB	RecB	GWMB
REPLACEMENT PART	\$	DWMB	RecB	GWMB
TOTAL	\$			

Receipt Total:	\$	Receipt No:	Date:
BIN ALLOCATION	BIN #	DATE ALLOCATED:	
	BIN #	DATE ALLOCATED:	