



General Manager
 Hilltops Council
 Locked Bag 5
 Young NSW 2594
 Phone: 6380 1200
 Fax: 6380 1299
 Email: mail@hilltops.nsw.gov.au
 Web: www.hilltops.nsw.gov.au

REQUEST FOR MOBILE BIN/PART

OWNER DETAILS

NAME: _____
 ADDRESS: _____
 LOT: ____ DP: _____ PHONE: _____
 SERIAL NO. OF BIN TO BE REPLACED: _____

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: _____

	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: