REQUEST FOR MOBILE BIN

Hilltops Council
Locked Bag 5
Young NSW 2594
Phone: 1300 445 586
Email: mail@hilltops.nsw.gov.au
Web: www.hilltops.nsw.gov.au

OWNER DETAILS

NAME: _____

ADDRESS: _____

LOT: ____ DP: _____ PHONE: _____ ASSESSMENT: _____

SERIAL NO. OF BIN TO BE REPLACED: _____ PROP ID: _____

☐ **GARBAGE** ☐ **RECYCLING** ☐ **GREENWASTE**

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	RECYCLING	GREENWASTE
NEW MGB FEE	**$**	☐	☐	☐
RESIDUAL CHARGE	**$**	☐	☐	☐
REPLACEMENT FEE	**$**	☐	☐	☐
TOTAL	**$**			

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