





Assisted Waste Collection Service

LODGEMENT OF APPLICATION: You can lodge for your application via:

 **Email:** customerservice@huntershill.nsw.gov.au

 **Council:** Hunters Hill Council, 22 Alexandra Street, Hunters Hill.
8.30am - 4.30pm, Monday – Friday.

 **Mail:** Hunters Hill Council, PO Box 21 Hunters Hill NSW 2110.

PLEASE ATTACH A DOCTORS CERTIFICATE CONFIRMING THE NEED FOR THIS SERVICE.

Applicant details

Title:		Surname:		First Name:	
Street Address for Assisted Bin Service:					
		Suburb:		Postcode:	
Postal Address:					
		Suburb:		Postcode:	
Contact Number:					
Email Address:					
Bin Storage Location:					
(Bins must be stored in an easily accessed area, and not within a closed garage. Please give a brief description of where your bins are stored.)					

Declaration

I hereby apply for an Assisted Waste Collection Service (Infirm Collection Service) and declare that I agree to the above conditions and that due to reason of ill health, physical or mental incapacity I am unable to place the wheelie bins on the roadside for servicing each week. I confirm that there is no one residing on the property that is able to place the bins out for servicing each week.

Indemnity

I/We give Hunters Hill Council and it's contractors permission to enter the property for the purpose of emptying waste bins (including recycling and green waste bins) and returning such waste bins to a designated location, on the property.

I/We hereby indemnify and agree to keep indemnified Hunters Hill Council, its contractors including employees and agents of either in respect of the whole amount of any liability, claims,

demands, costs and expenses made against any of them or incurred by any of them in respect of any damage on the property while undertaking the manual service of the bins.

Signature:		Date:	
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OFFICE USE ONLY: Customer Service Officer

Doctors Certificate attached	<input type="checkbox"/> Yes
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Confirmation of Owner's Details recorded in property Gov	<input type="checkbox"/> Yes
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Memo created in property Gov	<input type="checkbox"/> Yes
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CSO Name:	CSO Signature:
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Date:	Event No:
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OFFICE USE ONLY:	Waste Management Officer	
	Date	Name

URM Advised		
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Resident notified		
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