

OUTSIDE WASTE COLLECTION ROUTE

RECORD NO :

FILE NO : 5.64.3

APPLICATION FORM

Please complete this form in BLOCK LETTERS and return to Council at least 21 days prior to accessing free delivery to Resource Recovery Centre.

APPLICANT			
NAME		OCCUPANT	<input type="checkbox"/> OWNER <input type="checkbox"/> TENNANT
POSTAL ADDRESS			
MOBILE PHONE		ALTERNATE NUMBER	
EMAIL			

PROPERTY WHERE THE WASTE IS GENERATED FROM	
ADDRESS	
This application and any approval is for the applicant only whilst living at this property.	
ANY OTHER INFORMATION	

AGREEMENT TERMS AND CONDITIONS Please tick.	
<input type="checkbox"/> I understand that I can deliver, free of charge, each week to the Resource Recovery Centre: - 1 x 75 litre bag of general household waste, free of hazardous waste and placed in the area directed by staff. - 1 x 75 litre bag of recyclables to be removed from the bag and placed in the area directed by staff. <input type="checkbox"/> I have read and agree to comply with the Waste Management Policy and Waste Collection Service Guidelines and understand it forms as part of this agreement. <i>Copies of the policy are available from www.coppercoastcouncil.sa.gov.au or available from the Kadina office.</i> <input type="checkbox"/> I agree to separate all household waste within the waste streams offered by Council. <input type="checkbox"/> I understand that this Application is for general household waste only, generated by the applicant and permanent residents residing at the said Property Address. <input type="checkbox"/> The approval letter can be cancelled if the Terms and Conditions are not complied with.	
DECLARATION	
I declare that the information I have provided is true and correct.	
I agree to the Terms and Conditions and understand the charges involved.	
SIGNATURE	DATE

OFFICE USE ONLY			
RRC ADVISED	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE APPLICANT NOTIFIED	
AUTHORISED OFFICER		APPROVAL NUMBER	