



OBERON COUNCIL

## MOBILE GARBAGE BIN REQUEST

I, \_\_\_\_\_ (OWNER) request that  
\_\_\_\_\_ (no. bins) Mobile Garbage Bin(s) be delivered to:

\_\_\_\_\_  
\_\_\_\_\_

Please delete those not applicable:

- \* The Bin is for a New Service (i.e. No bin has been previously provided to this address)
- \* The Bin is for an additional service (i.e. existing bin/s but more required)
- \* The Bin is a replacement (i.e. Existing bin/s lost, stolen, damaged)

Bin no. (qty) \_\_\_\_\_

A Domestic Waste Service charge will be applied to your Rates Assessment for new and additional services. Replacement bin must be paid for before delivery.

Request for Domestic Waste Services and replacement bins must be authorized by the land owner.

\_\_\_\_\_ (Owners signature)

\_\_\_\_\_ (Date)

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### OFFICE USE ONLY

Bin delivered (date) \_\_\_\_\_

Receipt no. (if applicable) \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Bin no. \_\_\_\_\_

Rate assessment no. \_\_\_\_\_

Rate records updated \_\_\_\_\_

Letter advising revised instalments \_\_\_\_\_

