



Port Augusta
CITY COUNCIL

KERBSIDE COLLECTION BIN/S APPLICATION FORM

NEW SERVICE/ADDITIONAL SERVICE/STOLEN-LOST BINS

All sections must be completed in full and form submitted to the Port Augusta City Council before bins are able to be ordered.

DETAILS OF PERSON MAKING REQUEST

(ORDERS WILL ONLY BE ACCEPTED FROM PROPERTY OWNER or MANAGING AGENT)

| | |
|-----------------------------------------------------------------------------------|--------------|
| Name: _____ (Please print name) | |
| Residential address for new service/additional bins or stolen/lost bins: _____ | |
| Postal address: _____ | |
| Contact Number: _____ | Email: _____ |

PLEASE TICK

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Service (new residence) <small>*Not applicable to Miranda/Blanche Harbour</small> | <input type="checkbox"/> Red Bin | <input type="checkbox"/> Yellow Bin | <input type="checkbox"/> Green Bin |
| <input type="checkbox"/> Stolen/Lost Bins | <input type="checkbox"/> Red Bin | <input type="checkbox"/> Yellow Bin | <input type="checkbox"/> Green Bin |
| Police Report Number | _____ | _____ | _____ |
| Additional Service Request <small>(Tick additional service required i.e. set is 3, or either Red, Yellow or Green only)</small> | | | |
| <input type="checkbox"/> Complete Set (Red, Yellow & Green) \$224 annual Service charge applies | <input type="checkbox"/> Red Bin Only \$112.00 annual Service charge applies | <input type="checkbox"/> Yellow Bin Only \$112.00 annual Service charge applies | <input type="checkbox"/> Green Bin Only \$112.00 annual Service charge applies |

**I certify that I am the Registered Land Owner or Managing Agent
(Please tick relevant description of applicant)
I accept the Service Charges that will be incurred upon
delivery of the additional bins.**

Signature: X _____
(signature)
(date)

OFFICE USE ONLY

| | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Date Bins Ordered: | |
| Date Bins Received: | |
| Date Entered into the Bin Register: | |
| Serial Numbers: | <u>Red Bin</u> <u>Yellow Bin</u> <u>Green Bin</u> |