

Please return this completed form to: 22 Nolan Street, Maryborough VIC 3465 PO Box 194, Maryborough VIC 3465 Tel: 03 5461 0610 I Fax: 03 5461 0666 Email: mail@cgoldshire.vic.gov.au

## Garbage & Recycling Collection Report Missing or Damaged Bin Form

Print clearly using black/blue pen only

Applicant Details			
Name:			
Address for Garbage & Recycling Services:			
<b>Postal Address:</b> (if different to above)			
Telephone: (contact number must be provided)			Mobile:
Damaged Bin			
What day is your bin usually picked up? Damaged bin will be replaced on this day after emptying			
Tick Relevant Bin Type & Size			
<ul> <li>Urban 80 Litre Garbage Mobile Bin</li> <li>Urban 140 Litre Garbage Mobile Bin</li> <li>240 Litre Recycle Mobile Bin</li> <li>Urban 240 Litre Green Waste Mobile Bin</li> </ul>		4	140 Litre Garbage Mobile Bin 240 Litre Garbage Mobile Bin
How do you believe bin was damaged?: During collection – bin damaged (split)		ged (split)	

Stolen / Missing / Lost Bin			
Are you the property owner?	Yes		No
	If NO: Please advise landlord/agent name and contact.		
	Details:		
Tick Relevant Bin Type & Size			
Urban 80 Litre Garbage M	lobile Bin		Rural 140 Litre Garbage Mobile Bin
Urban 140 Litre Garbage	Mobile Bin		Rural 240 Litre Garbage Mobile Bin
240 Litre Recycle Mobile Bin			
Urban 240 Litre Green Waste Mobile Bin			
Please provide comprehensive details of how the bin/s went missing.			

\*\*\*\*\*\* PLEASE SIGN OVERLEAF \*\*\*\*\*\*\*\*

## Applicant's Declaration:

I hereby declare that the information I have provided is true and correct. I understand that should it be determined that the information I have supplied is inaccurate I can be charged for the cost/s of the replacement bin/s.

Applicants Signature:	Date:
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## **Privacy Collection Statement:**

The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. Please refer to the <u>Privacy Policy</u> for further information.

## **OFFICE USE ONLY:**

CUSTOMER SERVICE		
Property Number		
Processed By:		
Date:		
Contractor Advised Date:		

Waste Contractor		
Bin/s Delivered Date:		
Bin Numbers:		
Comments:		