



**APPLICATION FOR A 240 LITRE RESIDUAL WASTE BIN
COMPASSIONATE GROUNDS 2016-2017**

NOTE: This form is to be completed by the owner of the property

Applicant Details *(Please print in blue or black pen)*

| | | |
|---|------------|----------|
| Date of Notification | | |
| Property Owner(s) name <i>(not tenant)</i> | Surname | |
| | Given Name | |
| Address of Residence | Address | |
| | Suburb | Postcode |
| Contact Number [9 a.m. to 5 p.m.] | | |

Due to the excessive residual waste generation associated with Peritoneal Kidney Dialysis of a resident at the above address, I request Wollongong City Council change the Residual Waste Bin at the above property from its current size to a 240 litre bin.

A doctor's certificate confirming the condition is attached.

I understand that I must advise Wollongong City Council in writing when the 240 litre Residual Waste Bin is no longer required for medical reasons.

As owner of the above residence, I understand that the above-mentioned property will be provided with a 240 litre Residual Waste Bin but will be charged a waste levy based on a 120 litre Residual Waste Bin. The Domestic Waste Management Charge for a 120L service is \$399 for the 2016/2017 financial year.

Authorised signature of Owner/Agent:

Signature: Date:

| |
|-----------------------------------|
| <i>OFFICE USE ONLY</i> |
| Medical Certificate Attached: Y/N |
| Record No: |