

**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 (not tenant)	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 \$405 for the 2017/2018 financial year.

**Authorised signature of Owner/Agent:**

Signature: ..... Date: .....

Send or deliver documentation to Wollongong City Council at the address below.

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