

APPLICATION FOR WHEEL OUT / WHEEL IN RESIDUAL WASTE BIN SERVICE 2018-2019



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

Applicant Details (Please print in blue or black pen)

. ,	, ,	
Date of Notification		
Name of Occupier	Surname	
(if not owner)	Given Name	
Property Owner(s) name	Surname	
	Given Name	
Address of Residence	Address	
	Suburb	Postcode
Contact Number [9 a.m. to 5 p.m.]		
returned to their property each week at an annual fee of \$270 in addition to the Domestic Waste Management Charge. Property Owners must complete this application form and will be required to provide supporting evidence such as a medical certificate. Once authorised by Council, the cost for this service will be applied to the rates account for the property. Residents will need to provide written consent for the Collection Contractor to access their property and indemnify the Collection Contractor and Council against all claims.		
enable the Contractor to confirm a	, the contractor will contact the owner to a safe method of work for staff and proviend returned to. Please ensure that the b	de an opportunity for owners to indicate
	not commence until the site is approved. ervice on a pro-rata basis and will remain	
Medical Certificate attached? Yes ☐ / Contractor's Indemnity Declaration a		
Authorised signature of Property O	wner/Managing Agent:	
Signature:		Date:
Send or deliver documentation to W	ollongong City Council at the address below	v.
OFFICE USE ONLY		
Medical Certificate Attached: Y/N		
Contractor's Indemnity Attached: Y/	'N	
Record No:		

- Address: Wollongong City Council, 41 Burelli Street, Wollongong NSW 2500 - Postal: Locked Bag 8821 Wollongong DC NSW 2500

• Phone: (02) 4227 7111

• Fax: (02) 4227 7277

• Email: council@wollongong.nsw.gov.au;

• Web: www.wollongong.nsw.gov.au

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