

Form | 250.2018.498.4

# Application form for an Infirmmed Wheel Out / Wheel In Service

## Resource and Waste Services

An exemption to the Wheel Out / Wheel In service fee will apply to eligible infirmed or elderly residents who require the service and meet the following criteria:

- Must be the ratepayer's principle place of residence
- Council must be provided a copy of the completed exemption form.
- Resident must be physically incapable of wheeling the bins to the kerb and have no other able bodied person residing with them that could wheel bins to kerb
- Provide a Doctors Certificate and Statutory Declaration confirming above.

<b>Applicant / Owner</b>			
Name/s		Phone (AH)	
Postal Address		Phone (BH)	
Town	State	Postcode	Mobile
Email			
Applicant Signature			Date

<b>Address(s) for Wheel Out/ Wheel In Service</b>		
Unit No:	House No:	Phone (AH)
Street Name		Phone (BH)
		Mobile
Town	State	Postcode
If multiple units please provide total number of units		

<b>Please provide the following detail (tick box)</b>	
I am physically incapable of wheeling bins to the kerbside from my residence. I also declare that I have no other able-bodied person(s) residing with me who could wheel the bins to the kerbside on my behalf.	
<b>Number of Service required</b>	1 Service = one waste bin, one recycling bin service and / or one food and garden organics bin 52 services per year for the red lidded waste bin 26 services per year for the yellow lidded recycling bin 26 services per year for the lime green lidded fogo bin (where provided)

<b>Doctor Certificate</b>	<b>Doctors Certificate Attached</b> <input type="checkbox"/>
	Signature <span style="float: right;">Date</span>

**Consent of All Owners**

All owners must sign this application form or provide written authority for the lodgment of the application.

Note: Company Ownership

*In the case of a company ownership, in accordance in s127 of the Corporations Act 2001, please state in the signature/name area the authority of each signatory (Director/Secretary etc.) (e.g. as Director of ABC Holdings Pty Ltd) OR attach further documentation as required.*

Owners consent attached OR ↓

As the owner/s of the above property described in this application, I/we consent to its lodgment. I/we hereby permit any duly authorised officer of Snowy Monaro Regional Council to enter the land or premises to carry out the collection and return of recycling and waste receptacles (bins) as required for the administration of this service. We advise that as landowners we are not aware of any known hazards that may be of harm to officers visiting the site.

Signature	Date
Signature	Date

**Declaration and Signature of Applicant**

I/we the undersigned hereby apply for the commencement of a Wheel Out/Wheel In service to commence on approval of this application. I/we further undertake to pay any fee or charge assessed by Council in connection with this application.

Signature	Date
Signature	Date

**Privacy Statement**

Council respects all personal and confidential information you give and will do everything possible to protect information from unauthorized access, loss or misuse. Information collected from you is required for the delivery of Council services in accordance with Council's powers, functions and purposes under The Local Government Act 1993 and other relevant legislation. It may also be used by Council to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery.

For further information or assistance on completing this form please contact Council.

Mail: PO Box 714 COOMA NSW 2630

Phone: 1300 345 345

Email: [council@snowymonaro.nsw.gov.au](mailto:council@snowymonaro.nsw.gov.au)

Web: [snowymonaro.nsw.gov.au](http://snowymonaro.nsw.gov.au)