

Form | 250.2016.24.6

Application for Wheel Out / Wheel In Service

Resource and Waste Services

Applicant / Owner

| | | | |
|---------------------|-------|----------|------------|
| Name/s | | | Phone (AH) |
| Postal Address | | | Phone (BH) |
| Town | State | Postcode | Mobile |
| Email | | | |
| Applicant Signature | | | Date |

Address for Wheel Out / Wheel In Service

| | | | | | |
|--|--|-----------|--|------------|--|
| Unit No. | | House No. | | Phone (AH) | |
| Street Name | | | | Phone (BH) | |
| | | | | Mobile | |
| Town | | State | | Postcode | |
| If multiple units, please provide total number of units. | | | | | |
| Charges will apply to each unit | | | | | |

Please provide the following details (tick box)

I/we would like to utilise Council's optional paid Wheel Out / Wheel In Service

| | |
|----------------------------|--|
| Number of Service required | 1 Service = one waste bin, one recycling bin and / or one food and garden organics bin |
| Annual Fee | \$951.23 per annum (2023/24 Financial Year) |
| | 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 lime green lidded fogo bin (where provided) |

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 please read and sign below

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, waste and FOGO 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.

As the owner/s of the above property described in this application, I/we understand and note that by applying to have this service for the property /premises noted on this application that the fee for this service will prorated on the rates notice. The total annual fee for this service, based on the approved 2023/24 fees is, \$951.23. The pro-rata amount will be applied to the properties rates notice. This fee is current until 30 June 2024.

| | |
|------------------|-------------|
| 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 unauthorised 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

Web: snowymonaro.nsw.gov.au