

Form | 250.2016.20.15

# Application for Bank of Bins (BOB)

## Waste and Recycling Services

### Resource and Waste Services

**Property Details**

Property Name/Company		Phone (AH)
Owners Name		Phone (BH)
Property Address		Mobile
Town	State	Postcode
Postal Address (for all correspondence)		

Town	State	Postcode
Email		Assessment Number

**Bank of Bins Service at (please tick location)**

Alpine Way		Caddigat Road		Jerangle		Paupong	
Avonside		Carinya Lane		Michelago		Rockwell Road	
Buckenderra		Eucumbene Cove		Moonbah		Smith's Road	
Binjura/Bunyan		Frying Pan		Numbla Vale		Snowy River Way	
Key number issued:				SG: /			

Receipt Number:

 The Bank of Bins Annual Fee is **\$303.00** and will be levied on your rates once your application is approved

Please complete this application form and return to Council's Administration Office and pay \$100.00 key deposit to receive your key for your Bank of Bins Service where required. Please read Terms of Payment on the next page. Please provide bank account information requested below. This will ensure that a refund is processed in a timely manner if the key is returned and service no longer utilised.

**Please note; The key deposit fee does not apply to Michelago bank of bins as access is via coded entry.**

<b>Account Name:</b>	<b>BSB:</b>
<b>Bank Name and Branch:</b>	<b>Account Number:</b>

**Are you the owner of the property?** Yes / No

If no, please attach written agreement of provision of the service from the property owner.

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**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 Govt 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.

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**Conditions of Service**
**Terms of Payment**

1. The Customer agrees to pay service charges at the time and in the manner specified by Council as included in your rates.
2. Council reserves the right to terminate the Service where the Customer has not met any of its obligations under this Contract
3. If the Customer does not make payment to Council pursuant to clause 1 interest on the unpaid amount shall be charged at the prescribed rate for that year until the whole of the amount, including interest has been paid
4. The applicant can cancel the Service by giving (21) days' notice in writing to Council
5. There is no refund or discount for the charge

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**Customer Obligations**

1. Pay all service charges or amounts that may become due and payable to Council under the terms of this Contract
2. Bins MUST NOT be overloaded or waste/recycling material left on the ground beside the bins.
3. Ensure that only household waste and recycling from their property will be deposited in the red waste bank of bins and yellow recycling bank of bins only.
4. Will not loan or give their allocated key to any other person including another resident in the Bank of Bins area who are not paying for the use of the service.
5. Will not loan or give their key to builders/commercial operators. The service is for domestic waste and recycling ONLY.
6. Abide by restrictions for use
  - a) No hazardous materials (batteries, fuel/gas containers, asbestos)
  - b) No liquids (waste water, oil, paint, cleaners, acid, chemicals)
7. Ensure that the area surrounding the Bank of Bins is left in a tidy manner, leaving no waste outside of the bins or its enclosure.

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**Declaration and Signature of Applicant**

I/we the undersigned hereby apply for Bank of Bins (BOB) service to commence on the approval of this application. I/we further undertake to pay any fee or charge assessed by Council in connection with this application. I agree with the terms and conditions of service and understand that information provided above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

Signature	Date
Signature	Date

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)