Narrabri Shire Council 46-48 Maitland Street PO Box 261, Narrabri NSW 2390 P. (02) 6799 6866 F. (02) 6799 6888 E. council@narrabri.nsw.gov.au



## **APPLICATION FOR REPLACEMENT OR REPAIR BIN**

**IMPORTANT:** The information provided by you on this form will be used by Narrabri Shire Council or its agents to process this application. The provision of this information is voluntary, however, if you do not provide the information, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Privacy Management Policy or in special circumstances, where Commonwealth Legislation requires or where you give permission for third party access.

Applicant Details	Name:					
	Organisation:	Organisation:				
	Phone Number:		Mobile Number:			
	Email:					
Property Details	Property Address:					
	Assessment Number:		Property ID:			
	Service Type:	Domestic	Business			
	Request Type:	Replace	Repair			
		* If damage is to lid or wheels only, request should be for repair. If damage is to the body of the bin, request should be for a replacement				

ltem	Domestic	Business	No. Required
General Waste (red lid)	<ul> <li>140L</li> <li>240L</li> </ul>	🔿 240L	
Recycling (yellow lid)	<ul> <li>240L</li> <li>360L</li> </ul>	<ul> <li>○ 240L</li> <li>○ 360L</li> </ul>	
Organic Waste (green lid)	240L	X 380L	
Kitchen Caddy	$\bigcirc$	х	

\*Replacement requests will be actioned in line with your current Rates information. Should you wish to upsize your service, please complete the Upsize Application Form

## Reason for repair:

Lid	Wheels	Body
Damage caused by:		
Individual	Contractor	
Other (please	specify)	
Reason for replaceme	ent:	
Stolen	Missing	
Owner/Authoring Age	ent Name: (please print)	
Owner/Authoring Age	ent Signature:	Date:

Office Use Only

Acknowledgm

## Garbage Service Request

ATTENTION:	CONTRACTOR	FROM:			
DATE:		NSC CRM NUMBER:			
CONTRACTOR USE ONLY					
ID NUMBER:		COMPLETED BY:			
DATE COMPLETED:		BIN NUMBER:			