



Please return this completed form to:
 22 Nolan Street, Maryborough VIC 3465
 PO Box 194, Maryborough VIC 3465
 Tel: 03 5461 0610
 Email: mail@cgoldshire.vic.gov.au

Garbage, Recycling & Green Waste Collection Service 2026/2027

Damaged/Missing/Stolen Bin Form

APPLICANT DETAILS		<i>Print clearly using black/blue pen only</i>
Name:		
Address for Service:		
Property Number (if known):		
Postal Address: (if different to above)		
Telephone:		Mobile:

ONLY COMPLETE THIS FORM IF YOUR BIN REQUIRES REPLACEMENT.

For any damaged/broken lids, wheels, handles and axles, please complete the Request for Repair form.

COMPLETE THIS SECTION FOR A DAMAGED BIN AND SIGN ON THE NEXT PAGE:

SECTION 1: DAMAGED BIN		<i>If your bin is missing/Stolen/lost please complete Section 2</i>
What day is your bin collected? Please leave the damaged bin out on this day after it has been emptied and it will be replaced.		
How is your bin damaged? i.e. split on the side, hole in the bottom of the bin, etc.		
How do you believe the bin was damaged? During collection, hot ash, etc.		
Which bin/s require replacement?		<i>Please select the relevant bin type/s and size below</i>
URBAN BINS <input type="checkbox"/> Urban 80L Garbage bin <input type="checkbox"/> Urban 140L Garbage bin <input type="checkbox"/> Urban 240L Recycling bin <input type="checkbox"/> Urban 240L Green/Organic Waste bin	RURAL BINS <input type="checkbox"/> Rural 140 L Garbage bin <input type="checkbox"/> Rural 240 L Garbage bin <input type="checkbox"/> Rural 240L Recycling bin	

COMPLETE THE NEXT SECTION FOR A MISSING//STOLEN BIN

SECTION 2: MISSING/LOST/STOLEN BIN	
Are you the property owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO: Please advise the landlord/agent name and contact details. Name: _____ Contact: _____
How do you believe the bin went missing/was lost/stolen? <small>Please provide as much detail as possible on how the bin went missing</small>	
Which bin/s require replacement? <i>Please select the relevant bin type/s and size below</i>	
URBAN BINS <input type="checkbox"/> Urban 80L Garbage bin <input type="checkbox"/> Urban 140L Garbage bin <input type="checkbox"/> Urban 240L Recycling bin <input type="checkbox"/> Urban 240L Green/Organic Waste bin	RURAL BINS <input type="checkbox"/> Rural 140 L Garbage bin <input type="checkbox"/> Rural 240 L Garbage bin <input type="checkbox"/> Rural 240L Recycling bin

Applicant's Declaration:	This must be completed
In signing this application, I/we declare that the information I/we have provided is true and correct.	
<ul style="list-style-type: none"> I/we understand that should any information in this application be determined as false or inaccurate, I/we will be responsible to Council to make good on the cost/s of the replacement bin/s. I/we also acknowledge that I/we are legally and financially responsible for all waste, recycling and green waste/organic bins supplied by Central Goldfields Shire Council and that they remain the property of Council. I/we also understand that any Council supplied bins must remain at the property noted in this application and that I/we will return them or bear the costs of replacement if they are not located at the property. 	
Signature: Date:	
FULL NAME: (if different to name on property)	

Privacy Collection Statement:
The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. Please refer to the [Privacy Policy](#) for further information.

OFFICE USE ONLY:

Property Number		Time of phone call	
Processed By		Declaration Confirmed	
Date		Date Contractor Advised	