



Please return this completed form to:  
22 Nolan Street, Maryborough VIC 3465  
PO Box 194, Maryborough VIC 3465  
Tel: 03 5461 0610 | Fax: 03 5461 0666  
Email: [mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au)

## Garbage & Recycling Collection Report Missing or Damaged Bin Form

Print clearly using black/blue pen only

<b>Applicant Details</b>		
<b>Name:</b>		
<b>Address for Garbage &amp; Recycling Services:</b>		
<b>Postal Address:</b> (if different to above)		
<b>Telephone:</b> (contact number must be provided)		<b>Mobile:</b>

<b>Damaged Bin</b>	
<b>What day is your bin usually picked up?</b> Damaged bin will be replaced on this day after emptying	
<b>Tick Relevant Bin Type &amp; Size</b>	
<input type="checkbox"/> Urban 80L <b>Garbage</b> bin	<input type="checkbox"/> Rural 140 L <b>Garbage</b> bin
<input type="checkbox"/> Urban 140L <b>Garbage</b> bin	<input type="checkbox"/> Rural 240 L <b>Garbage</b> bin
<input type="checkbox"/> Urban 240L <b>Recycling</b> bin	<input type="checkbox"/> Rural 240L <b>Recycling</b> bin
<input type="checkbox"/> Urban 240L <b>Green/Organic Waste</b> bin	
<b>How do you believe bin was damaged?:</b>	<b>During collection – bin damaged (split)</b>

<b>Stolen / Missing / Lost Bin</b>	
<b>Are you the property owner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO: Please advise landlord/agent name and contact. Details: 
<b>Tick Relevant Bin Type &amp; Size</b>	
<input type="checkbox"/> Urban 80L <b>Garbage</b> bin	<input type="checkbox"/> Rural 140 L <b>Garbage</b> bin
<input type="checkbox"/> Urban 140L <b>Garbage</b> bin	<input type="checkbox"/> Rural 240 L <b>Garbage</b> bin
<input type="checkbox"/> Urban 240L <b>Recycling</b> bin	<input type="checkbox"/> Rural 240L <b>Recycling</b> bin
<input type="checkbox"/> Urban 240L <b>Green/Organic Waste</b> bin	
<b>Please provide comprehensive details of how the bin/s went missing.</b>	

\*\*\*\*\* PLEASE SIGN OVERLEAF \*\*\*\*\*

**Applicant's Declaration:**

I hereby declare that the information I have provided is true and correct. I understand that should it be determined that the information I have supplied is inaccurate I can be charged for the cost/s of the replacement bin/s.

Applicants Signature:.....Date:.....

**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:****CUSTOMER SERVICE****Property Number****Processed By:****Date:****Contractor Advised Date:****Waste Contractor****Bin/s Delivered Date:****Bin Type (New or Used):****Bin Numbers:****Comments:**