Missing / Damaged Bin Form

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

Applicant Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address for Garbage &amp; Recycling Services:</th>
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Postal Address:
(if different to above)

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<th>Telephone: (contact number must be provided)</th>
<th>Mobile:</th>
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Damaged Bin

What day is Your Bin Normally Picked Up?:
Damaged Bin will be emptied and replaced on this day after emptying

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Tick Relevant Bin Type & Size

- [ ] Urban 80 Litre Garbage Mobile Bin
- [ ] Rural 140 Litre Garbage Mobile Bin
- [ ] Urban 140 Litre Garbage Mobile Bin
- [ ] Rural 240 Litre Garbage Mobile Bin
- [ ] 240 Litre Recycle Mobile Bin
- [ ] Urban 240 Litre Green Waste Mobile Bin

How do you believe Bin was damaged?:

- [ ] Stolen / Missing / Lost Bin

Are you the property owner?

- [ ] Yes
- [ ] No

If NO: Please advise landlord/agent name and contact.

Details:

Tick Relevant Bin Type & Size

- [ ] Urban 80 Litre Garbage Mobile Bin
- [ ] Rural 140 Litre Garbage Mobile Bin
- [ ] Urban 140 Litre Garbage Mobile Bin
- [ ] Rural 240 Litre Garbage Mobile Bin
- [ ] 240 Litre Recycle Mobile Bin
- [ ] Urban 240 Litre Green Waste Mobile Bin

Please provide comprehensive details of how the bin/s went missing.

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

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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 Numbers:

Comments: