

Commercial Waste Service



Assessment Number: ____/____/____/____

Date: ____/____/____

Property Information

Business Name: _____ Street No: _____ Lot No: _____ DP: _____

Street: _____ Suburb: _____

Owners Name: _____ Leasee Name: _____

Owners Signature: _____ Agents Authority: Yes / No

New Service / Replacement / Additional / Variation (Please circle)

Garbage ON	Recycling ON	Garbage OFF	Recycling OFF
240 Ltr	240 Ltr	240 Ltr	240 Ltr
360 Ltr	360 Ltr	360 Ltr	360 Ltr
660 Ltr	660 Ltr	660 Ltr	660 Ltr
1100 Ltr	1100 Ltr	1100 Ltr	1100 Ltr

Office Use

Debit		Credit	
Number of Weeks		Number of Weeks	
Charge Amount	\$	Credit Amount	\$
Date of Delivery		Date referred to rates	

Bin Numbers ON		Bin Number OFF	
Garbage	Recycling	Garbage	Recycling

Administration Signature: _____ Waste Supervisors Signature: _____