

NOTE: This form is to be authorised by the owner of the property

Applicant Details *(Please print in blue or black pen)*

Date of Notification		
Name of Occupier <i>(if not owner)</i>	Surname	
	Given Name	
Property Owner(s) Name	Surname	
	Given Name	
Address of Residence	Address	
	Suburb	Postcode
Contact Number (9am to 5pm)		

Residents can apply for the 'Wheel Out - Wheel In' service to assist with having their bins placed out for collection and returned to their property each week at an annual fee of \$270 in addition to the Domestic Waste Management Charge.

Property Owners must complete this application form and once authorised by Council, the cost for this service will be applied to the rates account for the property. Residents will need to provide written consent for the Collection Contractor to access their property and indemnify the Collection Contractor and Council against all claims.

A doctor must confirm a permanent or long term medical condition by authorising this document on page 2.

Once this application is submitted, the contractor will contact the owner to arrange an on-site inspection. This will enable the Contractor to confirm a safe method of work for staff and provide an opportunity for owners to indicate where bins will be accessed from and returned to. Please ensure that the best contact phone number is provided to facilitate this.

PLEASE NOTE that the service will not commence until the site is approved. WO/WI Charges will be levied on the rates account from the date of the first service on a pro-rata basis and will remain in place until the property owner lodges a request to cease the service.

Contractor's Indemnity Declaration attached? Yes ☐ / No ☐

Authorised signature of Property Owner/Managing Agent:

Signature:.....

Date:

APPLICATION FOR A WHEEL OUT / WHEEL IN RESIDUAL WASTE BIN SERVICE

Medical Practitioner Details

Full Name:

Provider Number:

Authorised Signature:

Date:

Medical Provider Stamp:

Send or deliver documentation to Wollongong City Council at the address below.

OFFICE USE ONLY

Record No:

Contractor's Indemnity Attached: Y/N