

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

Due to the excessive residual waste generation associated with Peritoneal Kidney Dialysis of a resident at the above address, I request Wollongong City Council change the Residual Waste Bin at the above property from its current size to a 240 litre bin.

A doctor must confirm the medical condition by authorising below.

I understand that I must advise Wollongong City Council in writing when the 240 litre Residual Waste Bin is no longer required for medical reasons.

As owner of the above residence, I understand that the above-mentioned property will be provided with a 240 litre Residual Waste Bin but will be charged for waste based on a 120-140 litre Residual Waste Bin. The Domestic Waste Management Charge for a 120-140L service is \$521 for the 2025/2026 financial year.

Authorised signature of Property Owner/Managing Agent:

Signature: Date:

Medical Practitioner Details

Full Name: Provider Number:

Authorised Signature: Date:

Medical Provider Stamp:

<i>OFFICE USE ONLY</i>	Record No:
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