

INVERELL COMMERCIAL WASTE COLLECTION SERVICE APPLICATION FORM 2023/2024

PREMISES ADDRE	ESS:					
CONTACT PERSON:				DECLARATION:		
PHONE:			I hereby request a waste collection from the Inverell Shire Council from the nominated premises and I agree to abide by the terms and conditions a			
MOBILE:			set out below. I declare the information provided on this form is true in every respect.			
EMAIL:				Signed: Director/Public Officer/Authorised		
ACCOUNT DETAILS:						
ACCOUNT NAME FOR IN	IVOICES	:				
POSTAL ADDRESS:						
EMAIL:						
DATE APPLICATION SUE						
COLLECTION SERVICE:						
Total Number of Bins:						
Collection Days (circle)		TUESDAY	TUESDAY FRIDAY TI		UESDAY & FRIDAY	
Total Number of Services:						
TERMS & CONDITIONS:						
services be requested, stick 3. Council may terminate the 4. The waste receptacle is no 5. Where it is considered the Inverell Shire Council will re 6. Where a receptacle is stole 7. Unless authorised otherwis	le until terricers are re- agreement to be mis receptacle ecover cosen it should be by Invervisible from tely adjace	minated by either part quired to be returned t in accordance with t sused in any way and has been damaged of sts of repair or replaced to be reported to the Pell Shire Council, the in the street, apart from to the kerb/edge of	ty giving seven do to Inverell Shire he Debt Recover is to be kept in soor lost due to the ement from the acolice immediately receptacle shall In a reasonable product.	Council prior to and Financia uch a way that negligence of account holder.	al Hardship Policy. t avoids damage. the account holder, the	
OFFICE USE ONLY:						
Debtor Account:			Date Receive	ed:	/ / 2023	
Amount:	\$		Receipt Numl	ber:		
Sticker/s Issued:					•	