



**VILLAGE COMMERCIAL WASTE COLLECTION SERVICE
APPLICATION FORM 2024/2025**

BUSINESS NAME:

PREMISES ADDRESS:

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CONTACT PERSON:

PHONE: _____

MOBILE: _____

EMAIL: _____

DECLARATION:

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 as set out below. I declare the information provided on this form is true in every respect.

Signed:

Director/Public Officer/Authorised

ACCOUNT DETAILS:

ACCOUNT NAME FOR INVOICES: _____

POSTAL ADDRESS: _____

EMAIL: _____

DATE APPLICATION SUBMITTED: _____

COLLECTION SERVICE:

DELUNGRA & GILGAI - Wednesday Collection	Number of Services: _____
ASHFORD & YETMAN - Thursday Collection	Number of Services: _____
TINGHA - Friday Collection	Number of Services: _____

TERMS & CONDITIONS:

1. Accounts are to be settled within 21 days of date of invoice.
2. The agreement will continue until terminated by either party giving seven days written notice. Should termination of any services be requested, stickers are required to be returned to Inverell Shire Council prior to process of refund.
3. Council may terminate the agreement in accordance with the Debt Recovery and Financial Hardship Policy.
4. The waste receptacle is not to be misused in any way and is to be kept in such a way that avoids damage.
5. Where it is considered the receptacle has been damaged or lost due to the negligence of the account holder, the Inverell Shire Council will recover costs of repair or replacement from the account holder.
6. Where a receptacle is stolen it should be reported to the Police immediately.
Unless authorised otherwise by Inverell Shire Council, the receptacle shall be kept on the premises at all times in a position that is not readily visible from the street, apart from a reasonable period before and after collection time when it should be placed immediately adjacent to the kerb/edge of road.
8. These terms and conditions are subject to change without notice

OFFICE USE ONLY:

Debtor Account:		Date Received:	
Amount:	\$ _____	Receipt Number:	_____
Sticker/s Issued:	_____		