



RESIDENTIAL GARBAGE & RECYCLE SERVICE COMMENCEMENT FORM

Maitland City Council
PO BOX 220 Maitland NSW 2320
Phone: 4934 9700 Fax: 4933 3209



CONNECTION FEE PER SERVICE: Garbage \$75 (N) Recycling \$20.00 (N)
(Includes recycling commencement) (Per additional service)

PLEASE SELECT FROM THE FOLLOWING:

NEW SERVICE	GARBAGE SERVICE	RECYCLE SERVICE	ADDITIONAL SERVICE
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DATE:

OWNER'S NAME:

POSTAL ADDRESS:

IF YOUR POSTAL ADDRESS HAS CHANGED RECENTLY YOU WILL NEED TO INFORM COUNCIL IN WRITING OF THE NEW ADDRESS

PHONE NUMBER:

PROPERTY DETAILS:

HOUSE NO:	STREET:	SUBURB:
LOT NO:	DP:	ASSESSMENT NO:

Rateable Property Owner/Property Manager Authority

I _____ hereby authorise _____ (how many) residential garbage service(s) for the above property.

I understand that garbage charges will be added to the rates and are payable by the rateable property owner. I understand that the garbage bin remains the property of Maitland City Council.

Signed _____ Date: _____

Privacy Statement: Maitland City Council complies with the Privacy Code of Practice for Local Government in dealing with all personal information that is required to be supplied when an applicant completes this application. However, some of the personal information which is set out in this form will become part of the public record which Council is required to keep pursuant to the Local Government and Environmental Planning and Assessment Acts. This information may be divulged to others in accordance with the provisions of those Acts. Furthermore, Council may be required to divulge some personal information pursuant to the Freedom of Information Act.

DATE BIN DELIVERED:	OPERATIONS SUPERVISOR:
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SULO BIN NOS:

NUMBER OF DAYS:	NOTES:
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GARBAGE DEBIT:	STORMWATER DEBIT:
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MAINTENANCE OFFICER:	
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**** THIS FORM MUST BE RETURNED TO THE RATES DEPARTMENT. WHEN ALL ACTIONS ARE COMPLETE ****

GARBAGE (includes recycle connection)	GL: 34622 (N)	BS: 60	\$75/SERVICE	DATE:	RECEIPT NO:
ADDITIONAL RECYCLING	GL: 34622 (N)	BS: 60	\$20.00/SERVICE	DATE:	RECEIPT NO: