



# COMMERCIAL 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 \$82.50 (T) Recycling \$22.00 (T)

**PLEASE SELECT FROM THE FOLLOWING:**

GARBAGE SERVICE		RECYCLE SERVICE		
NEW SERVICE		ADDITIONAL SERVICE		DATE:

PROPERTY OWNER'S NAME:

TENANT'S NAME:

BUSINESS 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) commercial garbage service(s) for the above property.

I understand that garbage charges will be raised quarterly and are payable by the rateable property owner within 30 days of the Statement date. I also 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.

**OFFICE USE ONLY:**

SULO BIN NOS:	
DATE BIN DELIVERED:	NOTES:
OPERATIONS SUPERVISOR:	

NUMBER OF DAYS:	
GARBAGE DEBIT:	STORMWATER DEBIT:
MAINTENANCE OFFICER:	

**\*\* THIS FORM MUST BE RETURNED TO THE RATES DEPARTMENT. WHEN ALL ACTIONS ARE COMPLETE \*\***

GARBAGE	GL: 34622 (T)	BS: 60	\$82.50/SERVICE	DATE:	RECEIPT NO:
RECYCLING	GL: 34622 (T)	BS: 60	\$22.00/SERVICE	DATE:	RECEIPT NO: