

Exceptional Circumstances Bin Service Application Form

This application form is for the City of Albany's Exceptional Circumstances Bin Service. This service provides households with additional waste collection capacity subject to meeting criteria outlined in this application form.

ELIGIBILITY REQUIREMENTS

Households may be eligible for this service in the case of a temporary or ongoing medical issue/s that will increase the volume of unavoidable waste generated. Other circumstances may be considered eligible at the City of Albany's discretion. We encourage you to contact the City of Albany's Waste Services Team on (08) 6820 3000 or email fogo@albany.wa.gov.au to discuss your options.

APPLICANT DETAILS

First Name		Last Name	
Postal Address			Suburb
	Postcode		State
Telephone			Mobile
Email			

PROPERTY DETAILS

Street Address			
		Suburb	

- I OWN and RESIDE at the above property.
- I am a TENANT at the above property.

SECONDARY CONTACT DETAILS

First Name		Last Name	
Telephone		Mobile	
Email			
Relationship to Applicant			

SERVICE REQUIRED

I require the supply and fortnightly collection of a 240L General Waste Bin.

DECLARATION BY MEDICAL PRACTITIONER

Please present this form to your medical practitioner to assist us in determining your eligibility for the service. This section is to be completed and signed by a medical professional in relation to the condition which results in the production of unavoidable extra waste. If the condition is temporary, please indicate how long the service is required for.

NOTE: Specific details such as the nature of the medical issue/s or medical history are **NOT** required. The City will not pay any fee you may be charged for completion of the medical report.

Practice Name			
Address			
Phone		Email	

Stamp (if applicable)	
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Full Name	
Registration Number	

Declaration	
<p>I personally consulted with the occupant of the aforementioned address in my professional capacity as a Qualified Medical Practitioner on _____(date).</p> <p>On the basis of information obtained and observations made in the course of that consultation, I have formed the view that unavoidable extra waste is being generated as a result of current medical circumstances and therefore _____(name of occupant) should be entitled to receive additional general waste collection services.</p> <p>I understand the issue/s the patient has presented with to be ongoing/temporary (please circle). If temporary, I recommend access to a larger general waste bin be approved for _____ (suggested length of time).</p>	
Signature	

DECLARATION

- I require a 240L general waste bin to assist with additional waste needs due to medical circumstances.
- I will notify the City of Albany of any changes to my circumstances (e.g., change of address or a reduction in waste).

Name: _____

Signature: _____ Date: _____

CONDITIONS

1. You will be provided with a bin that is clearly identified as belonging to the City of Albany to assist collection staff and advise members of the public. The bin will remain the property of the City and arrangements will need to be made for collection once the service comes to an end.
2. It is understood that all reasonable efforts will be made to reduce avoidable waste where possible.
3. Your bin must be maintained in a clean condition.
4. The maximum collection weight for all your bins is 70kg. Overfull bins and waste not inside the bin will not be collected.
5. While every care will be taken during the collection service, the City of Albany and its Contractor will not be liable for damage to serviced properties.
6. Applications are not transferrable.
7. The Applicant or Secondary Contact must advise the City of Albany on (08) 68203000 if the Service is no longer required or if circumstances change (e.g., resolution of medical issue, change of address etc.).

If after a 3-month trial period extra assistance is required, a member of the waste team will need to make a house visit to assess further options.

If approved, the required 240L bin will be supplied to the address specified above. You will be invited to reapply for the service annually from January 2023. Recipients of a Temporary Service should contact the City at the end of the agreed term to arrange collection of the bin.

OFFICE USE ONLY

The Application is Approved Not Approved

Date: _____

Approving Officer: _____

Signature: _____