

## Charitable Organisation Waste Fee Application Form

This application form is for charitable organisations that operate within the City of Albany to apply for the Charitable Organisation Discount Waste Fee.

<b>ORGANISATION DETAILS</b>				
Organisation name				
Address	Street		Suburb	
	Postcode		State	WA
Postal address	Street		Suburb	
	Postcode		State	WA

<b>CONTACT PERSON</b>					
Title		First name		Last name	
Position					
Email			Phone		

<b>VEHICLE REGISTRATION</b>	
Vehicle 1 - Registration Number	
Vehicle 2 - Registration Number	
Vehicle 3 - Registration Number	
Vehicle 4 - Registration Number	

<b>DETAILS OF CLAIM</b>	
Reason for requesting discounted waste fee:	
Estimated quantity of eligible waste to be disposed per visit?	(tonnes or m <sup>3</sup> )
Estimated frequency of visits?	

Is the organisation a licensed charity under the Western Australian <i>Charitable Collections Act 1946</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO  Charitable Collections Licence Number:
Has the organisation obtained Deductible Gift Recipient Status from the Australian Tax Office?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the organisation collect or receive donated goods at public drop-off or donation points such as charity bins or shopfronts in the City of Albany, in accordance with a community service or activity that benefits the community?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the collection activities undertaken voluntary or not-for-profit and with no commercial interest (exclusively to support the charitable purpose of the organisation)? If no, please provide details of commercial interests that benefit from the collection activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO

### CONDITIONS

1. Waste will be associated with the registered organisation only.
2. Waste will be sorted to separate:
  - a. Items suitable for resale/reuse
  - b. Scrap steel
  - c. Corrugated cardboard
3. Commingled recyclables will not be accepted. Please contact the City of Albany for further information.

### DECLARATION

I certify that to the best of my knowledge the statements made in this application are true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

The Application is  Approved  Not Approved

Approving Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Applications can be emailed to [staff@albany.wa.gov.au](mailto:staff@albany.wa.gov.au)  
 or posted to PO Box 484, ALBANY, WA 6331

For more information contact the Waste Management Operations Coordinator on 68203917