

Assisted Household Bin Service Application Form

This application form is for the City of Albany's Assisted Household Bin Service for residents who are unable to move their household bins to the kerbside for collection. The service includes the collection of bins from, and their return to, an agreed location on the resident's property. Applications can also be made online at www.albany.wa.gov.au/binassistform.

APPLICANT DETAILS

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

PROPERTY DETAILS

Street Address:			
			Suburb

Property Type: (please tick)

<input type="checkbox"/> Unit	<input type="checkbox"/> House
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Duplex
<input type="checkbox"/> Apartment	<input type="checkbox"/> Other _____

- 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:			

PROOF OF ELIGIBILITY

- Medical Certificate or Letter from qualified medical practitioner (please attach)

The proof of eligibility document should be printed on letterhead paper with details of the medical practitioner, service provider number and contact details and state that the applicant is unable to move their bins due to an ongoing medical or temporary medical issues. If temporary, the document should indicate how long the service is required for.

NOTE: Please do **NOT** provide specific details such as the nature of medical issue/s or medical history.

SERVICE REQUIRED (please tick all that apply)

- General Waste Bin
- Recycling Bin
- Green Waste Bin

Is your need for the Assisted Household Bin Service temporary? (please circle) Yes / No
If Yes, how long will you require the Assisted Service for? _____

DECLARATION

- I require assistance to move my household bins to and from the kerbside.
- I do not have in-house support services who could assist with moving the bins to and from the kerbside.
- There is no one else aged 16 years or over residing at this address who could assist.
- I will notify the City of Albany of any changes to my circumstances (e.g., change of address, extended periods of absence from home or new support from someone able to assist).

Name: _____

Signature: _____ Date: _____

CONDITIONS

1. If the property is assessed by the City of Albany or its Contractor as a Work Health and Safety risk to collection staff, the applicant will not be provided with the Assisted Household Bin Service and will need to make alternative arrangements for presentation at the kerbside.
2. An identification tag will be placed by the City on the Applicant's bin(s) to assist collection staff.
3. Applicants must ensure their bin is maintained in a clean condition and the lid is closed. Overfull bins and additional waste will not be collected.
4. Bins must be visible from the front of the property. Collection staff will not enter the rear of dwellings.
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) 6820 3000 if the Service is no longer required or if circumstances change (e.g., lengthy hospital stay or other absence from home, change of address, etc.).

If approved, you will receive the Assisted Household Bin Service until the following August (or as specified in your approval letter for Temporary Services). The City of Albany will invite you to reapply for the service prior to the expiry date.

OFFICE USE ONLY

The Application is Approved Not Approved Date: ____/____/____

Approving Officer: _____ Signature: _____