



# RESIDENTIAL RUBBISH & RECYCLING COLLECTION REQUEST

395 Fitzgerald Street  
PO Box 613  
NORTHAM WA 6401  
P: (08) 9622 6100  
F: (08) 9622 1910  
E: records@northam.wa.gov.au  
W: www.northam.wa.gov.au

Assessment No: \_\_\_\_\_

**To the Chief Executive Officer**

**This application is for a request to alter the rubbish and recycling collections as indicated below.**

**Applicant (Must be property owner)**

Property Address to which This Rubbish and Recycling Collection Request Applies to: \_\_\_\_\_

Name of Owner or Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**Rubbish Collection Details:**

**Specify the NUMBER of collection services to be added to or removed from the property and note a residential property must have a MINIMUM 1x rubbish and 1x recycling collections.**

Rubbish (weekly) Collection 240L (compulsory min 1 per house)	Add Remove	No. _____	<b>Total Service No.</b> _____
Recycling (fortnightly) Collection 240L (compulsory min 1 per house)	Add Remove	No. _____	<b>Total Service No.</b> _____

**\* Both Rubbish and Recycling services are compulsory for all properties with residential houses/ tenancies on them and where the rubbish and recycling collection service is carried out.**

**\* Pensioners receive a \$20 discount for recycling collection**

**\* 240L Rubbish & Recycle bins are issued by the Shire of Northam inclusive of the annual service charges. Bins supplied by the Shire are required to be left at the property if it is sold and the bins remain the property of the Shire of Northam. Should multiple bins be lost or damaged from the same property, charges may apply.**

**Applicant Take Note:**

*I hereby certify that I read this application form and understand that I am liable to pay the rubbish and recycling collection charges as specified in the Shire of Northam Schedule of Fees and Charges and that the service charge will be effective on approval of this submission.*

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

\*\*\*\*\*

OFFICE USE ONLY

FORM TO CONTRACTOR

Email: [admin@avonwaste.com.au](mailto:admin@avonwaste.com.au)

Officer Initials: \_\_\_\_\_

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

FORM TO RATES

Officer Initials: \_\_\_\_\_

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

NOTES: \_\_\_\_\_