PRINCIPAL OFFICE:

8 Elizabeth Street, Maitland Telephone (o8) 8832 0000

ALL CORRESPONDENCE TO:

PO Box 57, MAITLAND, SA 5573

SF171

Fax (08) 8853 2494

Responsible Officer: Operations Manager

Email: admin@yorke.sa.gov.au Website: www.yorke.sa.gov.au



REQUEST FOR WASTE & RECYCLING SERVICE

SE		Issue Date: 20/02/2019		
	Next Review Date: February 2023		bruary 2023	
PROPERTY DETAILS				
Assessment Number:				
Property Owner's Name: (as appears on rates notice)				
Name for Accounts: (property owner, tenant or business)				
Property Address:				
	House Number	Street/Road	l Name	Town
Property Owner/Tenant's Contact Phone Number:				
MAILING DETAILS				
Postal Address for Accounts:				
SERVICE REQUIRED				
□ New Bin Service for Household □ New Bin Service for Business/Other				
☐ Additional Bin Service		☐ Stolen/Damaged Bin Replacement		
Reason for New/Additional S	ervice:			
Collection Location (rural proper	ties only):			
Statutory Declaration or Police				
Attached (stolen bins only):	☐ Yes	□ No		
Signing this form indicates that you acknor of collection for any additional bins, if ap this form is signed.				
Bins Collected from Council	Dy (insert full name):			
Property Owner/Agent Signa	ture:		Date:	
One (1) 140L red-lidded waste bin, one applicable) can be collected from any Couservice area who currently pay the three organics collection service.	uncil office following approv	val of this application. N	.B.: Only residential pro	perties within the town
N.B.: Charges apply for additional bins al	oove the standard entitlem	ent and damaged bin re	eplacement.	
	OFFICE (USE ONLY		
Council Officer Name:		Date Bins Distribut	ted:	
Waste Serial No.:	Recycling Serial No.:		Green Organics Serial No.:	
Added to Register:	ee 🗆 No			