CITY OF MANDURAH

Request for Bin Upgrade – Rubbish/Recycling Bin

APPLICANT DETAILS:

Full Name:
Phone Number:
Email :

PROPERTY DETAILS:

Lot Number:
House Number:
Street:
Suburb:
Postcode:
Multi-Unit Residential Complex: *(Y/N)*

OWNER DETAILS:

Name:
Postal Address:

HOME OWNERSHIP:

I certify that I am the owner of the above property, or have attached permission from the owner or an authorised agent to make changes to the bin service.

REQUEST FOR:	*Downsize 240 L rubbish bin to 140 L*	
	Upsize 240 L recycling bin to 360 L	

FEES:

A one-off fee applies to all existing properties that wish to upgrade their existing MGB bin service as follows:

Downsize 240 L rubbish bin to 140 L: *$74.50 (incl GST)*

Upsize 240 L recycling bin to 360 L *$129.50 (incl GST)*

METHODS OF PAYMENT:

Lodgement/Payment In Person

Present this application form intact to the City of Mandurah Administration Building located at 3 Peel Street, Mandurah. Payments may be made by credit card, EFTPOS, cash, cheque or money order. Revenue account number: ***100010-5920-1722-41130***

Email Lodgement/Phone Payment

Email the completed form to customerconnect@mandurah.wa.gov.au. The applicant will be contacted on the phone number provided on the form to obtain payment.

TERMS AND CONDITIONS:

1. *I hereby accept that the required bin upgrade fee is* ***non-refundable.***
2. *I understand that as the applicant if I am not the owner of the property, the current owners or authorised agents written authorisation is attached.*
3. *Both fees will apply if the applicant chooses to change both rubbish and recycling bins.*
4. *The fee is a one-off fee that must be paid at time of application. The new bin(s) will not be delivered until payment is made.*
5. *Further fees will apply if the applicant chooses to revert back to the standard 240 L service at a later date.*
6. *Please allow 5 business days for delivery of the new bin(s).*
7. *No increase to the annual rubbish charge will apply for the upgraded bin service.*

I have read and understood the above terms and conditions:

Signature:

Date:

Office Use Only:

Payment Amount: _____

Receipt Number: _____

Payment Date: _____

Assessment Number: _____

CRM Number: _____