

# Request for Additional or Upgraded Bin

Waste Kerbside Collection

## What you need to do for your application



#### Complete the form

Make sure all sections are complete and you have supplied all supporting documents.

#### Submit application

This form and supporting documents must be submitted via email, by mail or in person.

### Fees Apply

Payment is required on application for delivery and change over fees

Office Use Only	
Receipt Number	Amount Paid

#### **Collection of Information**

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of waste collection services or another related purpose. The personal information will also be disclosed to Colac Otway Shire's waste collection contractors for the purpose of waste collection. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Your Details				
First name			Last name	
Postal address				
Best phone numbe	r to contact you on		Email	
Invoice To				
☐ SAME AS AB	OVE			
First name			Last name	
Postal address				
Best phone number	r to contact you on		Email	
	-11-			
Property Det				
Unit/Flat	Property Number	Street Name		Town

## Request for Additional or Upgraded Bin

Property Details					
Reason for bin:					
Commercial - Name of Business					
Commercial - Type of Business					
Residential - Number of Occupants					
Important Notes					
All bins remain the property of the Colac Otway Shire C purpose than the kerbside collection.	ouncil, bins should not be	e removed from the prope	erty or used for any other		
Bins must be placed out the night before collection and a v	weight limit of 80 kgs appli	ies to all bins.			
Waste must be placed in the correct bin to prevent contam	nination and ensure collec	tion.			
If you are moving from this address or no longer require the	e additional bins please a	dvise Council as soon as	possible.		
120 Ltr bins are only available to households where reside two residents residing at the property.	ents are physically unable	to wheel out a 240 Ltr bin	and/or if there is less than		
For more information on kerbside collection visit www	v.colacotway.vic.gov.au (	or download the GoodSo	ort App		
Bin Details - Please tick which bin/s you re					
Bill Details - Flease tick which bills you're	quire				
Please supply the following bin/s	QTY	2024/25 Fee	Delivery/Change Over Fee		
☐ RED Landfill - additional 240 ltr bin		\$404.00	\$88.00		
☐ RED Landfill - upgrade to 240 ltr bin		\$169.00	\$36.50		
☐ PURPLE Glass Recycling - additional 120 ltr bin		\$66.00	\$88.00		
☐ YELLOW Recycling - additional 240 ltr bin		\$114.00	\$88.00		
☐ YELLOW Recycling - change to 120 ltr bin		No Charge	\$36.50		
☐ GREEN Organics - additional 240 ltr bin		\$140.00	\$88.00		
☐ GREEN Organics - change to 120 ltr bin		No Charge	\$36.50		
Authorisation					
I hereby agree to pay for the use of the bin from the date the bin is delivered and annually thereafter as invoiced by Council at the fee set annually in Council's Fees & Charged for the duration of having the bin.					
Signature Date					
		D			



## What you need to do for your application



#### Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



#### Submit payment

Please attach this to the **FRONT** of your application/documents

This form will be destroyed upon completion of the payment process

Office Use Only		
Application No		
Amount	Receipt Type	
\$		
Receipt No	Date	
DO NOT SCAN - TO BE DESTROYED		

Your Details	
First name	Last name
Company	
Best phone number to contact you on	Email
Residential or postal address	
Description of payment (i.e. Rates, Permit Application, Invoice)	
Amount to be charged Amount in words	
Credit Card Details	
Name on card	
Credit Card Number  Expiry Date  CIV  Signature	□ □ VISA CARD □ MASTERCARD □ AMEX