



# APPLICATION FOR MOBILE GARBAGE BIN (APPLICATION FOR SERVICE & BIN)

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

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Owner/Ratepayer: \_\_\_\_\_

Basis for Application:

**New Service** (for new development)

**Additional Service** (service already in use)

Services currently in use: \_\_\_\_\_

Number of Additional Services requested: \_\_\_\_\_

**Reduction in Service** (service already in use)

Services currently in use: \_\_\_\_\_

Number of Services to reduce: \_\_\_\_\_

Proposed Number of Services: \_\_\_\_\_

Reason for Reduction Application: \_\_\_\_\_  
\_\_\_\_\_

**Replacement Bin**

140L Household Waste Bin (Red Lid)

240L Recycling Bin (Green Lid)

Police Report Number: \_\_\_\_\_

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

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

**Office Use Only**

Mobile Garbage Bin Approved: YES/NO

Authorised by: \_\_\_\_\_

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

Mobile Garbage Bin Levy Applied: \_\_\_\_\_

Assessment Number: \_\_\_\_\_

Delivered By: \_\_\_\_\_

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

MGB Number: (G) \_\_\_\_\_

(R) \_\_\_\_\_