Compassionate Waste Service Request Form

Applicant Details

Resident Name	
Property Address	
Contact Number	
Email	

Additional general waste service			☐
Commencement Date		or, As Soon As Possible	☐

Supporting Medical Certificate Attach supporting medical professional certificate from a registered general practitioner or AHPRA registered health practitioner.	☐

Declaration

- The information provided in this application is true and correct to the best of my knowledge.
- I am aware it is an offence to provide false or misleading information.
- I will advise Shire of Mundaring when this additional service is no longer required.

I am the applicant	☐
I am applying on behalf of the applicant	☐

Name	
Signature	
Date	

Scan for further information regarding how we collect, store, use, protect and disclose your personal information

Office Use Only

Assessment Number			
Receipt		Date	
CARS		BA7	
Rates		Contractors	
CRC		Officer	