



# WASTE SERVICE REQUEST FORM



Property Owner:

Business Name:

(if applicable)

Property Address:

Postal Address  
(if different to above)

Managing Agent  
(if applicable)

Contact Number:

Email Address:

## New standard residential waste service

Includes one FOGO bin, one general waste bin and one recycle bin. Additional bins can be requested to existing service (see below). Please note, bins cannot be removed from the standard residential waste service.

## Changes to existing waste service

Weekly 240L FOGO Bin (Lime Green Lid)

Add Additional Bin/s (Qty)

Remove Additional Bin/s (Qty)

Fortnightly 140L Rubbish Bin (Red Lid)

Add Additional Bin/s (Qty)

Remove Additional Bin/s (Qty)

Fortnightly 240L Recycle Bin (Yellow Lid)

Add Additional Bin/s (Qty)

Remove Additional Bin/s (Qty)

Request For Commencement:        /        /        or, as soon as possible:

## Owner Information

- Standard waste service is compulsory for all servicable residential properties.
- An Interim Rates Notice for these pro-rata charges will be issued, thereafter a waste levy is charged on your annual Rates Notice.
- If your bin requires repairs please contact Infrastructure Services on (08) 9290 6666 (option 1).
- Community Recycling Centre entry passes are not automatically provided for Commercial and Non-Rateable properties. Please contact us to discuss purchasing options.

## Declaration:

- The information provided in this application is true and correct to the best of my knowledge.
- As owner/owners agent, I have authority over this property to add waste levies.
- I am aware it is an offence to provide false or misleading information.
- I understand that ongoing fees & charges will apply in line with the current Shire of Mundaring Fees and Charges Schedule available via our website [mundaring.wa.gov.au](http://mundaring.wa.gov.au).

Name:

Signature:

Date:

/ /



## Bin establishment fees - payment

A bin establishment fee of \$80.00 **per kerbside bin** applies with payment required prior to delivery.

Total Establishment Fee \$

Payment by: Visa

Mastercard

Issuing Bank:

Card Number

Card Holder Name:

Expiry Date: /

**Office Use Only:**

Assessment Number:

Receipt:

Date:     /     /

CARS:

BA7:

Rates:

Contractors:

CRC:

Officer:



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