



COMPASSIONATE WASTE SERVICE REQUEST FORM

Resident Name:

Property Address:

Contact Number:

Email Address:

Additional general waste service

Request For Commencement: ____ / ____ / ____ 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.

Name:

Signature:

Date:

Office Use Only:

Assessment Number:	Receipt:	Date: ____ / ____ / ____
CARS:		
BA7:	Rates:	Contractors:
CRC:	Officer:	

