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	

Office Use Only

Assessment Number			
Receipt		Date	
CARS		BA7	
Rates		Contractors	
CRC		Officer	