



REQUEST FOR ADDITIONAL RESIDENTIAL RUBBISH SERVICE

I, the owner of residential property at

Lot No: **Property Address:**

Postal Address:

Hereby give permission for an Additional Residential rubbish service at the above property.

No. of services required:

- Type of bin:** General Rubbish Bin
 Recycle Rubbish Bin
 Greenwaste Rubbish Bin

Phone Number: **Email Address:**

I will contact the City of Bayswater's Waste Management Customer Service on 9272 0605 if the bin service is no longer required at the property.

.....
Signature

Return form to: Postal Address: City of Bayswater PO Box 467, MORLEY WA 6943
Email: mail@bayswater.wa.gov.au
Fax: 9272 0665

OFFICE USE ONLY

Assessment No.

Property Address:

Approved by:

Date: **Service Advice Request No's:**

Date Service Cancelled: