

REQUEST FOR ADDITIONAL RESIDENTIAL RUBBISH SERVICE

I	, the owner of residential property at
Lot No:	Property Address:
Postal Addre	ess:
Hereby give pe	ermission for an Additional Residential rubbish service at the above property.
No. of servic	es required:
Type of bin:	☐ General Rubbish Bin
	☐ Recycle Rubbish Bin
	☐ Green Waste/FOGO Rubbish Bin
Phone Numb	er: Email Address:
Charges for the a	applicable Residential Rubbish Service will be raised and an Interim Rates Notice forwarded
	City of Bayswater's Waste Management Customer Service on 9272 0605 if the bin service is ed at the property.
 Signature	
Return form to	o: Postal Address: City of Bayswater PO Box 467, MORLEY WA 6943 Email: mail@bayswater.wa.qov.au Fax: 9272 0665
Assassment N	OFFICE USE ONLY
	'ess:
Approved by:	
Date:	Service Advice Request No's:
Date Service (Cancelled: