

APPLICATION FORM AND CONDITIONS



TRADE WASTE SERVICE AGREEMENT

660 Litre Skip Bin
(from 1 July 2011 to 30 June 2012)

NOTE: YOUR APPLICATION WILL BE REJECTED IF INCORRECT OR INSUFFICIENT INFORMATION IS PROVIDED

APPLICANT:

Company Name:

Trading Name: (if applicable)

Contact Person:

Contact Phone Number:

Contact Fax Number:

Billing Address:

SERVICE ADDRESS: (Must be completed)

Street No:

Street Name:

Suburb:

Post Code

SERVICE REQUIREMENTS - 660 LITRE SKIP BIN:

Preferred date of service commencement (Note: 14 days prior notice is required):

No. of Bins:

Preferred day/s of service collection: (Please tick)

Monday Tuesday Wednesday Thursday Friday Saturday

Total number of days per week:

Recycling required: (Please tick) All recycling to be co-mingled (mixed together) in the same recycling bin.

Note: Trade recycling is collected once a week on the same day as the residential collection for your area.

One recycling bin up to 240 Litres is included in the service. Additional bins charged at the prescribed fee rate.

PAYMENT DETAILS:

Method of payment may be direct debit or credit card. Please complete the attached form and return with your service agreement. Payment quarterly (13 weeks) in advance or pro rata of quarter.

NOTE: Cancellation of services must be in writing i.e. e-mail

NOTE: IF PAYMENT IS NOT RECEIVED BY COUNCIL WITHIN 14 DAYS FROM THE DATE ON INVOICE, COLLECTION MAY BE TERMINATED WITHOUT NOTICE

No. of Bins

Cost per Bin: \$28.00

Total Fee enclosed: \$

Signed:

Date:

PRIVACY STATEMENT

Personal details requested on this form will only be used for the purpose of processing your application. The supply of information by you is voluntary. If you cannot provide or do not wish to provide the information sought, the Council may not be able to process your application. Access to the information is restricted to Council officers and other authorised people. You may make application for access or amendment to information held by Council. Applications by members of the public to view Council's records are subject to the provisions of Council's Privacy Management Plan, *Section 18 Government Information (Public Access) Act 2009 & Schedule 1- Government Information (Public Access) Regulation 2009.*

I have read and understand the Privacy Statement

Signed:

Date:

FOR COUNCIL USE

TOTAL	RECEIPT NUMBER	DATE	TIME	INITIALS

TRADE WASTE - CASHIER CODE 77 (OSSES 13)

PLEASE SEE OVER FOR PAYMENT CALCULATION SCHEDULE

NORTH SYDNEY COUNCIL TRADE WASTE SERVICE AGREEMENT

PRESCRIBED FEE TO ACCOMPANY APPLICATION

Please use the following calculator to work out fee to accompany application for both garbage and recycling.

CALCULATOR 1

_____	x	\$28	x	_____	x	13 (weeks)
No. of Garbage Bins		Cost per bin		Collections per week		One quarter
_____	x	\$13	x	_____	x	13 (weeks)
No. of Recycling bins		Cost per bin		Collections per week		One quarter

		Number of Collections per Week					
		1	2	3	4	5	6
Number of Bins	1	\$364	\$728	\$1,092	\$1,456	\$1,820	\$2,184
	2	\$728	\$1,456	\$2,184	\$2,912	\$3,640	\$4,368
	3	\$1,092	\$2,184	\$3,276	\$4,368	\$5,460	\$6,552
	4	\$1,456	\$2,912	\$4,368	\$5,824	\$7,280	\$8,736
	5	\$1,820	\$3,640	\$5,460	\$7,280	\$9,100	\$10,920
	6	\$2,184	\$4,368	\$6,552	\$8,736	\$10,920	\$13,104

PICK-UP LOCATION MAP:

Please draw a map showing exact details of bin/s location. Note side (s) front (f) or rear (r) of premises.

Return this agreement to:

Customer Service Centre
North Sydney Council
200 Miller Street
North Sydney

Or post to:

The General Manager
North Sydney Council
PO Box 12
NORTH SYDNEY NSW 2059

Or send by DX:

DX 10587
North Sydney