

## **DETAILS**

Pro	pperty: Commercial Residentia	al
<b>Notified By:</b> Owner Tenant Property Manager (if not Owner, authorisation in writing from the owner must be attached or evidence to show as owners rates are effected - excludes replacements)		
	Ow	ner / Proprietor:
Bus	siness Name:	
Pro	perty Address:	
Pho	one Number.:	
Ass	sessment Number (If known):	
	SERVIC	E(S) REQUIRED
	New Bin / Collection (Newly Built Hor	ne or Business)
	Additional Bin / Collection - Quantity	# and/or collections per week
	Replacement Bin Only - Quantity #	
	Replacement Wheels / Lid / Axel / Lid	l Pin
	Alterations to Collection Please speci	ffy
	clare that I am the ratepayer/property managrect:	ger of this property and the above information is true and
	nature:	Date:
OF	FFICE USE ONLY (refer to Bin Reque Form recorded for distribution	est Procedures for process details)
	Works Depot completed Request	
	Synergy updated for Rating Purposes & Bin Number recorded (Rates Officer Only)	
	Invoiced (Business / Property Managers Only Allowed Purchase Order / Written Request Required - Finance Only)	
	Sign & Return Form to Records for filing	
;	Signature:	Date:
	Sales Receipt / Invoice #	Amount \$