

Exceptional circumstances bin service application form

ABN 21 086 180 442
2 Midland Square, Midland WA 6056
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swan@swan.wa.gov.au
www.swan.wa.gov.au

This application form is for the City of Swan's exceptional circumstances bin service. This service provides households with additional general waste collection capacity subject to meeting criteria outlined in this application form.

Eligibility requirements

Households may be eligible for this service in the case of a temporary or ongoing medical issue/s that will increase the volume of unavoidable waste generated. We encourage you to contact the City of Swan's Waste Services team on **(08) 9267 9267** or email swan@swan.wa.gov.au to discuss your options.

Applicant details

First name:

Last name:

Postal address:

Suburb:

Postcode:

State:

Telephone:

Mobile:

Email address:

Property address

Property address:

Suburb:

Postcode:

State:

I own and reside at the above property

I am a tenant at the above property

Secondary contact details

First name:

Last name:

Telephone:

Mobile:

Email address:

Relationship to applicant:

Service required

I require the supply and fortnightly collection of a 240L general waste bin.

Service changes will apply to all of my current general waste bins.

Declaration by medical practitioner

Please present this form to your medical practitioner to help us determine your eligibility for the service. This section is to be completed and signed by a medical professional in relation to the condition which results in the production of unavoidable extra general waste. If the condition is temporary, please indicate how long the service is required for.

NOTE: Specific details such as the nature of the medical issue/s or medical history are NOT required. The City will not pay any fee you may be charged for completion of the medical report.

Practice name:

Address:

Telephone:

Email address:

Stamp (if applicable):

Full name:

Registration number:

Declaration

I personally consulted with the applicant in my professional capacity as a qualified medical practitioner on _____ (date).

On the basis of information obtained and observations made in the course of that consultation, I have formed the view that unavoidable extra general waste is being generated as a result of current medical circumstances and therefore _____ (name of applicant) should be entitled to receive additional general waste capacity.

I understand the issue/s the patient has presented with to be:

ongoing temporary

If temporary: I recommend access to a larger general waste bin be approved for _____ (suggested length of time).

Signature:

Declaration

- I require additional waste capacity to assist with additional general waste needs due to medical circumstances.
- I will notify the City of Swan of any changes to my circumstances (e.g., change of address or a reduction in waste).

Name:

Date:

Signature:

Conditions

1. You will be provided with a bin that is clearly identified as belonging to the City of Swan. The bin will remain the property of the City and arrangements will need to be made to reduce the bin to the standard 140L size when the additional capacity is no longer required
2. It is understood that all reasonable efforts will be made to reduce avoidable waste, where possible
3. Your bin must be maintained in a clean condition and remain at the property listed on this application
4. The maximum collection weight for all your bins is 70kg. Overfilled bins and waste not inside the bin will not be collected
5. While every care will be taken during the collection service, the City of Swan, and any contractors, will not be liable for damage to serviced properties
6. Applications are not transferrable
7. The applicant or secondary contact must advise the City of Swan on (08) 9267 9267 if the service is no longer required or if circumstances change (e.g., resolution of medical issue, change of address etc.).

If approved, the required 240L bin will be supplied to the address specified above. You will be invited to reapply for the service annually from January. Recipients of a temporary service should contact the City at the end of the agreed term to arrange collection of the bin.

Send your completed form to swan@swan.wa.gov.au or drop it off at the City of Swan administration building, 2 Midland Square, Midland, WA 6056.

Office use only

This application is: approved not approved

Approving officer:

Approving manager:

Signature:

Signature:

Date:

Date: