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APPLICATION FOR 240 LITRE WHEELIE BIN

Applicant Details			
Name:			
Postal Address:			
Residential Address:			
Phone (W):		Phone (H):	
Mobile:		Fax:	
Email:			
Preferred Contact Method:	☐ Phone ☐ M	ail	☐ Email
Number of bins:		ssessment umber:	
Use of New Bin:	 ☐ Replacement bins for existing services ☐ New Bin for additional services - please note adding an additional service may increase service charges on Rates ☐ Purchase of bins for personal use (ie. horse food) 		
Signature:	Date:		
Privacy Collection Notice	Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.		
Office Use Only		,	
Fees Paid:	\$	Receipt Number:	
Receipted By:	Date:		
Order Number:		Wheelie Bin Num	ber:
Authorised By:	Date:		

Updated: 29/08/2023