

RESIDENTIAL - Waste Collection Service Requests 2022-2023

FORM FOR: - WITHDRAWAL FROM ADDITIONAL BIN SERVICE



Authorisation for additional charges will need to come from the property owner or authorised representative not the tenant.

I am the ratepayer or authorised representative of the below mentioned property, and would like to request the following:

| WITHDRAWAL FROM ADDITIONAL BIN SERVICE | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------|
| SERVICE DESCRIPTION | WASTE SERVICE CHARGE | NUMBER TO BE REMOVED |
| Remove an Additional Garbage Service - 240 litre bin (red lid) collected weekly | Reduction of \$277.29 per bin additional charge per year (Pro rata) | |
| Remove an Additional Garbage Service - 120 litre bin (red lid) collected weekly | Reduction of \$168.78 per bin additional charge per year (Pro rata) | |
| Remove an Additional Commingled Recycling Service - 240 litre bin (yellow lid) collected fortnightly | Reduction of \$108.50 per bin additional charge per year (Pro rata) | |
| Remove an Additional Food and Garden Waste Service - 240 litre bin (light green lid) collected fortnightly | Reduction of \$168.78 per bin additional charge per year (Pro rata) | |
| Remove an Additional Food and Garden Waste Service - 120 litre bin (light green lid) collected fortnightly | Reduction of \$132.62 per bin additional charge per year (Pro rata) | |
| Remove an Additional Glass Recycling Service - 120 litre bin (purple lid) collected monthly | Reduction of \$72.34 per bin additional charge per year (Pro rata) | |

| | | | |
|---------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------|-------|
| Ratepayer name: (block letters please) | | Ratepayer postal address: | |
| Rateable address for location of bins: | | Property number quoted on your rate notice: (located in the top right hand corner containing 11 digits) | |
| Contact phone number during business hours: | Ratepayer/Agent's Representative signature: | | Date: |

Personal information is being collected by Council for the provision of Council's waste service and will be used for the primary purpose or directly related purposes. The respondent understands that the personal information provided is for the provision of Council's waste service and that they may apply to Council for access and/or amendment of the information.

**Please forward completed form to: Hobsons Bay City Council, PO Box 21, Altona VIC 3018
Email: customerservice@hobsonsbay.vic.gov.au
Ph: (03) 9932 1000 Fax: (03) 9932 1090**

Conditions:

- A “Standard Waste Service Charge” applies to all residences and includes the four standard bins: 120L garbage, 120L glass, 120L food and garden waste, and 240L commingled recycling bins. The 2023-24 Standard Waste Service Charge will be set as part of the 2023-24 budgetary process
- Only Council provided bins will be collected by the collection trucks.
- Council’s costs include the management, provision and maintenance of Council owned garbage, recycling, glass and food and garden waste bins and collection and disposal or recycling fees
- The Waste Service Charges are subject to annual budgetary reviews. Waste Service Charges will be calculated on a pro rata basis.
- Pro rata charges are not refundable
- The choice made above will override any previous choices made
- For alterations to services where a change in bin size is required, Council will contact the ratepayer and/or occupant to arrange the exchange or removal of bins
- Bins provided by Council must not be removed from the property, except onto the kerbside on the day before and the day of the scheduled bin collection
- Real estate agents who are registered with Council are able to act on behalf of ratepayers

| | |
|-------------------------|--------------------------|
| OFFICE USE ONLY | CURRENT CHOICE: |
| ASSIGNMENT NO: | REQUESTED CHOICE: |
| ASSIGNMENT DATE: | COLLECTION DAY: |