



Waste Disposal Application for Monthly Account

Applicant Name: _____
Contact Name: _____
Residential Address: _____
Postal Address: _____
Phone Number: Business: _____ Home: _____ Mobile: _____
Fax Number: Business: _____ Home: _____
Email: _____

VEHICLE DETAILS:

Vehicle 1

Make: _____ Model: _____
Body type (truck, trailer etc.): _____ Registration No. _____

Vehicle 2

Make: _____ Model: _____

SIGNATURE: _____ DATE: _____

NOTE:

- All waste accounts are strictly 14 day accounts unless authorised in writing by Executive Manager Environment and Community Services.
- A copy of the Certificate of Registration of a Business/Company must accompany this form

OFFICE USE ONLY

Debtor No: _____

PRIVACY STATEMENT

The information collected on this form will be used by the Hinchinbrook Shire Council in accordance with the processing and assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Information Privacy Act 2009*) or as required by the Queensland State Government. This information may be stored in the Council database. The information collected will be retained as required by the *Public Records Act 2002*.

Electronic version current. Uncontrolled Copy current only at time of printing

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Document Maintained By: Environment and Community Services

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