

To return your completed form or for further information, please contact Council via email, [council@hinchinbrook.qld.gov.au](mailto:council@hinchinbrook.qld.gov.au), phone 4776 4600, in person at Council's Main Office, 25 Lannercost Street, INGHAM QLD, or via post PO Box 366, INGHAM QLD 4850.

**This form must be completed by the ratepayer or person authorised in writing by the ratepayer.**

REQUEST DETAILS		
<input type="checkbox"/> New Service *	<input type="checkbox"/> New Residence (Single Residence)	<input type="checkbox"/> General Waste Service
<input type="checkbox"/> Additional Service	<input type="checkbox"/> Multi-Dwelling Complex	<input type="checkbox"/> Recycling Service
		<input type="checkbox"/> Both Services

\* Note that all new services require the provision of both bins. Additional services can relate to either bin, or both.

APPLICANT DETAILS	
Name	
Postal Address	
Phone	
Email	

PROPERTY DETAILS	
Lot and Plan Number	
Property Address	
Final Building Certificate submitted to Council? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

\* For commencement of a new service a Final Building Certificate will generally be required unless a temporary residence permit has been approved by Council.

Note: Any additional services will be levied as an additional cleansing charge on the rates notice and entitles the property to an additional bin or set of bins which includes either an additional 240L waste bin (red lid), 240L recycling bin (yellow lid) or both. Servicing of additional bins will occur on scheduled collection days.

#### Privacy Notice and Disclaimer

Council is collecting your personal information to process your submission as stated in this form. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to a third party unless required by law. You may access this information on the appropriate form obtainable from Council's website at any time.

DECLARATION BY REGISTERED PROPERTY OWNER OR AUTHORISED DELEGATE			
I declare that the information provided by me in this application is true and correct, and agree to comply with all requirements as approved. I understand it is my responsibility to ensure bins are kept in a safe location so as to prevent damage or theft and to avoid liability for property damage or loss.			
Print Name			
Signature		Date	

OFFICE USE ONLY			
Building Team Comments			
Revenue Team Comments			
Waste Team Comments			
Bin Number/s		MAMS Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised by		Revenue Team Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Date	

