



MOBILE GARBAGE BIN

APPLICATION

Please complete this form and return to the council office:

29 Holland St (PO Box 321) Kingston SE SA 5275 EMAIL: info@kingstondc.sa.gov.au

Full Name of Applicant:

Property Address:

Phone:

Email:

I agree to my email and phone number being added to Council's database. ☐ Yes ☐ No

Owner/Ratepayer:

Signature: Date:

Basis for Application:

☐

New Service (for new development)

☐

Additional Service (service already in use)

Services currently in use:

Number of Additional Services requested:

☐

Reduction in Service (service already in use)

Services currently in use:

Number of Services to reduce:

Proposed Number of Services:

Reason for Reduction Application:

☐

Replacement Bin

☐ 140L Household Waste Bin (Red Lid) \$115.00

☐ 240L Recycling Bin (Green Lid) \$118.00

Police Report Number:

Office Use Only		
FCS	Assessment Number:	Approved: YES / NO
	Date emailed to TLCF:	Date emailed to Enviro Tec:
	Date Bin/s Delivered:	Replacement/Additional Bin PAID: YES / NO / N/A
	MGB Number: (G)	MGB Number: (R)
RPO	Mobile Garbage Bin Levy Applied: YES / NO / N/A	Signed