



# 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: [rates@kingstondc.sa.gov.au](mailto:rates@kingstondc.sa.gov.au)

Full Name of Applicant: .....

Property Address: .....

Phone: .....

Email .....

I agree to my email being added to Council's email 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)

240L Recycling Bin (Green Lid)

Police Report Number: \_\_\_\_\_

**Office Use Only**

Assessment Number: \_\_\_\_\_

Mobile Garbage Bin Approved: YES/NO

Authorised by: \_\_\_\_\_

Date: \_\_\_\_\_

Mobile Garbage Bin Levy Applied: \_\_\_\_\_

MGB Number: (G) \_\_\_\_\_ (R) \_\_\_\_\_