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| **REQUEST FOR NEW WASTE COLLECTION SERVICE** **2016-2017**  | DCC_Logo_RGB |

Please tick (🗹) the following:

❑ I am the Owner ❑ I am / acting for the Body Corporate or Property Manager

**Owner's Name:**

**Body Corporate/Property Manager:**  **(if applicable)**

**New Service Address:** ……………………………………………………………………………………………..

**Lot:**………………… **DP:**…………………………. **Assessment No:**……………....

**Postal Address:**

  **(THIS FIELD MUST BE COMPLETED)**

**Phone Number:**   **Date of Occupancy:** ……………………………...

**Any additional comments:** ……………………………………………………………………...........................

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| **PLEASE TICK (🗹) YOUR DESIRED WASTE COLLECTION SERVICE OPTION BELOW****Note – Your property must meet the eligibility criteria noted in the second column to apply** |
| **WASTE COLLECTION SERVICE OPTION** | **ELIGIBILITY CRITERIA** |
| * **OPTION 1**

[**KERBSIDE WASTE COLLECTION SERVICE**](http://www.darwin.nt.gov.au/live/recycling-and-waste-management/domestic-waste)**240LT WHEELIE BINS****\*Waste Levy: $246.00 per dwelling** | **This option is only available to House or Multiple Dwellings with 3 or less units** |
| * **OPTION 2**

[**MANUAL WASTE COLLECTION SERVICE**](http://www.darwin.nt.gov.au/live/recycling-and-waste-management/domestic-waste)**240LT WHEELIE BINS****\*Waste Levy $225.00 per dwelling****Number of Dwellings: …………….** | **This option is available to Developments with 4 or more units****A copy of your Waste Management Plan must be attached with this application** |
| * **OPTION 3**

[**MANUAL WASTE COLLECTION SERVICE**](http://www.darwin.nt.gov.au/live/recycling-and-waste-management/domestic-waste)**1,100LT SKIP BINS****\*Waste Levy: $225.00 per dwelling** **Number of Dwellings: …………….** | **This option is only available to Developments with 13 or more units.****Developments with 13 or more units may choose Option 2 above, if preferred.****A copy of your Waste Management Plan must be attached with this application** |

***\*Council Waste Levy will be charged on your Annual Rates Notice***

**Signed**: …………………………………………… ………**Date**: ………………….……………………

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| **OFFICE USE ONLY** |
| Common Number:  | Delivery Date: | W/O No.: |