

# Assisted Household Waste Removal (Infirm) Service Application

An assisted household waste removal (infirm) service is where the bin is left at a designated point within the property and the bin is serviced and returned to this point.

APPLICANT DETAILS					
Title		Given names		Surname	
Title		Given names		Surname	
Rates assessment number (if known)					
Address					
Suburb			State/Territory		Postcode
Home phone			Mobile		
Email					
DECLARATION					
<p>I hereby apply for an Assisted Household Waste Removal (Infirm) Service.</p> <p>I/We declare that I/we are incapable of positioning the wheeled general refuse/recycling/garden organics (GO) bin/s in the required position for servicing and furthermore, that there is no other person who is capable of performing this task.</p> <p>I understand that I will need to re-apply for the assisted service on a 36 month basis (3 years).</p> <p>I understand that I am obligated to notify council if service isn't required anymore and/ or are moving properties.</p>					
Applicant name					
Applicant signature			Date	□□/□□/□□□□	
Applicant name					
Applicant signature			Date	□□/□□/□□□□	
NECESSARY SUPPORTING MEDICAL ADVICE (to be completed by a GP, Medical Specialist or Health Care Nurse)					
<p>I hereby advise that in my opinion the above named person(s) is/are incapable of positioning the wheeled waste bin in the position required for servicing for the household.</p>					
Capacity					
Title		Given names		Surname	
Business address					
Suburb			State/Territory		Postcode
Phone					
Signature			Date	□□/□□/□□□□	

Please submit your completed form via email to [wastereq@ipswich.qld.gov.au](mailto:wastereq@ipswich.qld.gov.au).

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Last reviewed June 2025

**OFFICE USE ONLY**

Date received

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Received by

Inspection carried out by (operation team member to fill in their name)

Customer number

Acknowledgement sent