

IPSWICH CITY COUNCIL

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	Surname				
Title		Given names						Surname			
Rates assessment number (if known)											
Address											
Suburb							e/Territory	,		Postcode	
Home phone						Mot	Mobile				
Email								,			
DECLARATION											
I hereby apply for an Assisted Household Waste Removal (Infirm) Service. I/We declare that I/we are incapable of positioning the wheeled general refuse/recycling/FOGO bin/s in the required position for servicing and furthermore, that there is no other person who is capable of performing this task. I understand that I will need to re-apply for the assisted service on a 36 month basis (3 years). I understand that I am obligated to notify council if service isn't required anymore and/ or are moving properties.											
Applicar	nt name										
Applicant signat		ıre					Date				
Applicant name											
Applicar	nt signat	ure					Date				
NECES	SARY S	SUPPORTING N	MED	DICAL ADVICE (to	be compl	eted b	y a GP, Me	dical Speci	alist	or Health Care	Nurse)
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.											
Capacity	У										
Title		Given names						Surname			
Business address		;									
Suburb						State	State/Territory			Postcode	
Phone											
Signature							Date		/		

Ipswich City Council is collecting your personal information in accordance with council's Local Laws and/or relevant legislations so that we can manage a variety of processes concerning the processing of this application. We will not disclose your personal information outside of council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to the Chief Executive Officer who may in turn make this information available to others in accordance with the Act or as required by law.

OFFICE USE ONLY									
Date received			Rece	ived by					
Inspection carried out by (operation team member to fill in their name)									
Customer numb	er			Acknow	ledgement sent				