



IPSWICH CITY COUNCIL

# Free Dialysis and Medical Assistance Bin Service Application

An additional general waste bin may be supplied to residents who are undergoing medical treatment in the Ipswich area.

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					
I hereby apply for an additional general waste bin for the general waste being generated from my medical treatment. I declare that I am currently undergoing dialysis or other relevant medical treatment. I understand that this is a temporary service lasting for 36 months and that re-application is required. I understand that I am obligated to notify council if this service is no longer required or I move properties.					
Applicant name					
Applicant signature		Date		□□/□□/□□□□	
NECESSARY SUPPORTING MEDICAL ADVICE (to be completed by a GP, Medical Specialist or Health Care Nurse)					
I hereby confirm the above mentioned person/s are undergoing dialysis treatment or another relevant medical treatment which would necessitate an additional general waste bin.					
Title		Given names		Surname	
Business address					
Suburb		State/Territory		Postcode	
Phone					
Signature		Date		□□/□□/□□□□	
OFFICE USE ONLY					
Date received	□□/□□/□□□□		Received by		
Customer number		Acknowledgement sent			

**Note:** Council retains sole discretion whether to approve any additional general waste service.

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