

An assisted household waste removal 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 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.

OFFICE USE ONLY

Date received	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Received by	<input type="text"/>
Inspection carried out by (operation team member to fill in their name)		<input type="text"/>	
Customer number	<input type="text"/>	Acknowledgement sent	<input type="text"/>