REQUEST FORM *for* REPLACEMENT or REPAIR of BINS AT AN INDIVIDUAL PROPERTY

Cairns Office
PO Box 359,
Cairns Qld 4870
Tel: 4044 8210
Fax: 4044 8228

Mossman Office
PO Box 359
Cairns QLD 4870
Tel: 4099 9459
Fax: 4098 2902

Property Address: _____

_____

Assessment No: **Parcel No:** _____

Property Owner's Name: _____

Owner's Phone Number: **H:** **W:** **M**:

Requestor's Name: (Please PRINT)	**Phone No:**
Company Name:	

Bin to be REPLACED (Please tick)	☐ **Garbage (Green Lidded) 240 ltr Wheelie Bin** ☐ **Recycle (Yellow Lidded) 240 ltr Wheelie Bin**
Bin to be REPAIRED (Please tick)	☐ **Garbage (Green Lidded) 240 ltr Wheelie Bin** ☐ **Recycle (Yellow Lidded) 240 ltr Wheelie Bin**

Please advise the reason for a REPLACEMENT / REPAIR to a bin

When was it noticed that the bin was MISSING / DAMAGED? (Please delete as appropriate)

Day..... Time.....

Can it be repaired, or is a complete replacement required?

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If DAMAGED - What repairs are required?

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If MISSING - Where was the bin taken from? e.g. : street, yard, footpath, garage, and carport?

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For the security of your wheelie bins, please ensure that your bins are returned to your property within 12 hours of the collection.

FOR OFFICE USE ONLY:

Assessment Number:	Parcel number:
Lotus Note(s):	Cleansing Charge Confirmed: Yes / No
Date Request Processed::	Revised: 17 April 2008