



**REQUEST FORM *for***  
**REPLACEMENT or REPAIR of BINS**  
**AT A MULTI-UNIT DWELLING COMPLEX (MUD)**  
**BODY CORPORATE**

**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 Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

<b>Number of Units in premises (if &gt; 1)</b>	<b>Assessment No.</b>
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**Property Owner's Name:** \_\_\_\_\_

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

<b>Requestor's Name:</b> (Please PRINT)	<b>Phone No:</b>
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**Company Name:** \_\_\_\_\_

<b>Bin(s) to be REPLACED</b> (Please tick)	<input type="checkbox"/> <b>Garbage (Green Lidded) Wheelie bin(s)</b> _____ (quantity) <input type="checkbox"/> <b>Recycle (Yellow Lidded) Wheelie bin(s)</b> _____ (quantity) <input type="checkbox"/> <b>Garbage / Recycle Bulk bin</b>
<b>Bin(s) to be REPAIRED</b> (Please tick)	<input type="checkbox"/> <b>Garbage (Green Lidded) Wheelie bin(s)</b> _____ (quantity) <input type="checkbox"/> <b>Recycle (Yellow Lidded) Wheelie bin(s)</b> _____ (quantity) <input type="checkbox"/> <b>Garbage / Recycle Bulk bin</b>

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

When was it noticed that the bin was MISSING / DAMAGED? (Please delete as appropriate)
Day..... Time.....
Can the bin(s) be repaired, or is a complete replacement required? .....
If DAMAGED - What repairs are required? ..... ...
If MISSING – Where was the bin taken from? e.g. street, yard, footpath, garage, and carport? ..... .....

***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(s) Confirmed: YES / NO
Date Request Processed:	Revised: 17 April 2008