

Request form for Replacement/Repair of Bins

| Applicant details | | | |
|--------------------------------------|--|--------------------------------|--|
| Property Address: | | | |
| Suburb: | | | |
| State: | | Postcode: | |
| Applicant Name: | | Applicant Phone Number: | |
| Company Name (if applicable): | | | |
| Property Owner's Name: | | Owner's Phone Number: | |

| Please advise the reason for a replacement / repair of bin(s) | | |
|---|---|--|
| The bin is damaged (please tick) | <input type="checkbox"/> Waste (red/green lid) | <input type="checkbox"/> Recycle (yellow lid) |
| The bin is missing (please tick) | <input type="checkbox"/> Waste (red/green lid) | <input type="checkbox"/> Recycle (yellow lid) |
| If damaged, what repairs are required? | | |

*****PLEASE LEAVE YOUR DAMAGED BIN/S KERBSIDE FOR REPAIRS/REPLACEMENT*****

Please complete and return application via email to wasteservices@cairns.qld.gov.au

Cairns Regional Council – Information Privacy Statement

Your personal information is being collected for the purpose of processing your application for Replacement Bin/Repair to Domestic Wheelie Bin at Individual Dwelling. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.