

## LACHLAN SHIRE COUNCIL WASTE SERVICES VARIATION FORM – BUSINESS WASTE

1. Propert	y Owner's Details						
Name:							
Full Postal	Address:						
Email: Telephone No:							
2. Identific	cation of Building for	Deliver	v of Bins				
Assessme			,				
Street Add	ress:						
3. Type of							
☐ New Service ☐ Additional Service					Reduction in Services		
Requested date of commencement: Week beginning							
3 (a) Existing Services							
Number of Collections		Red-lid			Yellow-lid		
		(weekly)			(fortnightly)		
2 (b) Pogu	useted Services						
3 (b) Requested Services							
Number of Collections		Red-lid (weekly)			Yellow-lid		
		(weekly)			(fortnightly)		
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3 (c) Total	Number Services						
		D					
Total Number of Collections		Red-lid (weekly)			Yellow-lid (fortnightly)		
		,	,				
I hereby make application to Council for a new/additional/reduction in garbage bin service/s to the above premises, owned by me.							
	dge that an additiona be deducted from my		ata waste charge will be ssessment.	levie	d on my rate assessm	ent/a waste	
Signed by I	Property Owner:						
Date:							
**************************************							
	Date:		Time:	Drive			
Red Lid Bin Serial No		./s	Yellow Lid Bin Serial No./s		Green Lid Bin Serial No./s		
				1			