



**LACHLAN SHIRE COUNCIL
WASTE SERVICES VARIATION FORM – DOMESTIC WASTE
OTHERS(DWM OTH)**

1. Property Owner's Details

Name:

Full Postal Address:

Email:

Telephone No:

2. Identification of Building for Delivery of Bins

Assessment:

Street Address:

3. Type of Order

New Service

Additional Service

Reduction in Services

Requested date of commencement:

3 (a) Existing Services

Number of Collections	Red-lid (weekly)	Yellow-lid (fortnightly)	Green-lid (fortnightly)

3 (b) Requested Services

Number of Collections	Red-lid (weekly)	Yellow-lid (fortnightly)	Green-lid (fortnightly)

***** Lachlan Shire Council to Complete ONLY *****

3 (c) Total Number Services

Total Number of Collections	Red-lid (weekly)	Yellow-lid (fortnightly)	Green-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.

I acknowledge that an additional pro rata waste charge will be levied on my rate assessment/a waste charge will be deducted from my rate assessment.

Signed by Property Owner: _____

Date: _____

***** JR Richards & Sons to Complete ONLY *****

Date:	Time:	Driver:
Red Lid Bin Serial No./s	Yellow Lid Bin Serial No./s	Green Lid Bin Serial No./s