

## Waste Management Commercial & / or Shared Bin Application

Council of the City of Gold Coast PO Box 5042 GCMC Qld 9729 **P** (07) 5582 9399 **F** (07) 5581 6333

**E** wasteadmin@goldcoast.qld.gov.au **W** cityofgoldcoast.com.au

Please use BLOCK LETTERS and complete all details in full.

Applicant details  Name of applicant  Applicant authority  Postal address (of applicant)  Contact details		Property owner								
Applicant authority  Postal address (of applicant)		Property owner								
Postal address (of applicant)		Property owner								
				Pro	operty	manag	er / Aut	horised	agent	
Contact details										
	-	Phone: Fax: Email:								
Rate account number (if known)										
Duranto detella										
Property details										
Property name / Trading as (if applicable)										
Address										
		Name								
On site contact details		Name: Phone: Email:								
Waste, Recycling &/or Green	waste	e service requir	ements							
Bin type Bin s	size	Qty of bins	Qty of services (per week)	Preferred service days (selected days are not guaranteed)						
Sin type	JIE 0	Qty of bills			Γu	We	Th	Fr	Sa	Su
Wheelie bins - Waste								T	Ī	_
Bulk bin - Waste			□ M/s abb.							
Wheelie bins - Recycling			☐ Weekly ☐ Fortnightly	Qty of services per week:						
Bulk bins - Recycling										
Green waste service 240li			Fortnightly							
Are there any Council waste bi				Yes		∐_No	1			
If an alteration to existing servi	ce, ple	ase select require	ed changes							
Please Note: 1. Upon confirmation you wi	l be ad	vised of your servi	ice dav/s.							
<ol> <li>Bins must be presented b</li> <li>Special waste services ar</li> </ol>	y 6am	on the scheduled s	service day.	Managan	mont fo	r dotoi	lo.			
5. Special waste services at	e avalla	able, please contac	ct Gold Coast Waste	e iviariagei	nent ic	or detai	15.			
Declaration										
hereby confirm that I am authoris			account in accordar	nce with th	e abov	e requ	iiremen	t's, and	I accep	ot that
these changes may affect the was	te utility	y cnarge.	T_ :							
Signature			Date							
Office use only										
Date received RA			Received by	Received by PN						
Customer No.				Acknowledgement sent						