

APPLICATION TO PLACE WASTE SKIP ON PUBLIC LAND

Under section 68 C3 of the *Local Government Act 1993*

Receipt Code: 217

APPLICANT DETAILS		
Title:	Given Name(s)	Surname / Last Name
Mr/Mrs/Ms/Dr Other:	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Company name: <input style="width: 95%;" type="text"/>		
Contact Address:		
Unit	/	House Number
<input style="width: 40%;" type="text"/>	/	<input style="width: 40%;" type="text"/> - <input style="width: 40%;" type="text"/>
Street or PO Box:	<input style="width: 95%;" type="text"/>	
Suburb:	<input style="width: 60%;" type="text"/>	State: <input style="width: 30%;" type="text"/> Postcode: <input style="width: 30%;" type="text"/>
*Daytime Phone:	<input style="width: 40%;" type="text"/>	*Fax: <input style="width: 40%;" type="text"/> *Mobile: <input style="width: 40%;" type="text"/>
*Email:	<input style="width: 95%;" type="text"/>	
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (complete section below if credit cardholder is not the applicant).		
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the funds.		
_____ Cardholder's Printed Name		_____ (Date)
_____ Cardholder's Signature		
<i>* Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act statement)</i>		

PROPERTY DETAILS	
I, hereby make application to place a waste skip on the road or nature strip in front of:	
Property address: _____	
Related to Development Application: Yes / No Application No. _____/20 ____ / ____	
From: _____ To: _____ (Days): ____	
Property Owner: _____	
Phone: (Bus) _____ (Private) _____ (Mobile) _____	

OFFICE USE ONLY		
Receipt No.: _____	Date: _____	Amount: \$ _____

FEES AND PAYMENT

Skip Supplier (From Council approved listing) _____

Bin size:	<i>No more than 7 days</i>	<i>8 or more days</i>	
<input type="checkbox"/> 2m ³	\$20.00 per day	\$30.00 per day	\$ _____
<input type="checkbox"/> 3m - 6m ³	\$40.00 per day	\$50.00 per day	\$ _____
<input type="checkbox"/> Urgency Fee* (less than 24 hours)	\$65.00		\$ _____
TOTAL:			\$ _____

A minimum time of 28 days is required from last occupancy date to next occupancy date to obtain the cheaper rate, unless the delivery and pick up occurs on the same day with occupancy being continuing and total occupancy does not exceed 7 days
 *Urgency fee (less than 24 hours) is payable once at the start of the occupancy date..



PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

CONDITIONS

I hereby:

- Agree not to place a skip on the nature strip or roadway unless the Council's Approval Notice has been fixed on the side of the waste bin facing the roadway and acknowledge that if this does not occur or the bin remains on public land after the expiry date on the Notice I will be in breach of the Approval and liable for issue of an on-the-spot infringement notice.
- Agree only to use a Council authorised bin provider. See attached list.
- Accept full responsibility for public safety and injury to any person or property which may occur as a result of the delivery, removal or occupancy of the bin on or from the public land.
- Advise that the waste is builders/household/commercial (delete as applicable).

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

(Applicant's Signature)

(Date)

LODGEMENT INFORMATION

Method of Lodgement

It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction, to avoid time lost in the event of incomplete applications and the need to return them by post.

For privacy and security reasons payment is prohibited by credit card via email transmission.

Applications that are lodged by post should be addressed to The General Manager at:

PO Box 211 SPIT JUNCTION NSW 2088

Fax: 02 9978 4299

Further Information

If you require further information on completing this form, Council may be contacted on 9978 4000 between 8.30am and 5.00pm Monday to Friday or by visiting Councils website at: www.mosman.nsw.gov.au

CREDIT CARD AUTHORITY FORM



This form is to be submitted in conjunction with the application form.

Refer to application form for Method of Lodgement

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.

Credit Card Details - Council Payment Fax No. (02) 9978 4299

This form cannot be emailed to Council.

Please charge my American Express Master Card Visa

Card number

Card holder's name Expiry Date /

Amount \$ Phone () daytime

Signature

Please note that Master Card and VISA incur a 1% service fee and American Express incurs a 1.4% service fee.

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