

SHIRE OF KOJONUP
REQUEST FOR RUBBISH SERVICE / VARIATION

Property Address _____ Assessment No.: _____

Lot: _____ No.: _____ Street: _____

Suburb: _____ Postcode: _____

Property Owners Names: _____

Phone: (Home) _____ (Work): _____

Postal Address: _____

Rubbish Bin Requirement

Tick Service Required with Explanation for (B) and (C)

- (A) New Service

- (B) Replacement Bin _____

- (C) Variation _____

Note: Have you notified the Health and Building Department of the Completion of your Building
Yes / No

I hereby request the above rubbish service be provided immediately and agree to pay the statutory charges levied under the health act within 7 days of the account.

Applicant's Full Name: _____

Phone: (Home) _____ (Work) _____

Applicant's Signature: _____ Date: _____

[OFFICE USE ONLY]

Building Licence No.: _____ Final Inspect Date: _____

Health Department
Service Authorised by: _____ Date: _____

Finance Department
Charged Period: From _____ To _____

Authorised: _____ Schedule: _____

Account Sent: _____ Date: _____