## **Application for Supported Bin Service**

If for medical reasons you can't put your bins out on the kerbside for emptying, you can apply for a supported bin service.

Council's waste collector will walk onto your property and take your bins to the truck to empty them. They will then put the bins back in the same place on your property.

Council does not charge an extra fee for this service.

This service can be cancelled at any time if no longer required. The standard kerbside collection service will resume.

Supported bin services are valid for 3 years. Residents will need to reapply to have the service continue.

## **Conditions of Application**

This application will only be approved if these conditions are met:

- The bin storage location is within 60 metres of the road
- There is no one else living at the property who can put the bins out for you
- Bins are stored in a location the drivers can access safely and easily. Leave them in the same place each week
- All animals will be secured on your bin collection day
- Page 3 must be completed by a medical practitioner.

Our collections contractor may decline a supported service where deemed not reasonably practicable. Before the service is approved the contractor will visit your property to ensure they can service the bin safely and determine that it meets the above conditions. A Council Waste officer will advise you when your service has been approved or if there are any issues.

## Applicant Details

This application is for a:			
New service	Renewal of an existing service		
Applicant name			

DM #14798822v6

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Property address	
Applicant phone number	
Applicant email address	
Where on your property do	you keep your bins?
Contact Details (if diffe	erent to applicant)
Contact name	
Contact phone number	
Contact email address	
Declaration	
I confirm that due to medica emptying each week.	al reasons I am unable to place my bins on the footpath for
I am aware this servi	ce will expire after 3 years and I will need to reapply if I would
Signature of applicant:	
See page 3 for Confirmation	n by Medical Practitioner
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## **Confirmation by Medical Practitioner**

Stamp her	e:		
Date			

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