

## Commercial Garbage Service 23-24

Applicant Details:						
Mr / Mrs / Ms / Other:						
Business Name:						
Location of Property where s	services	<u> </u>				
required:			P/C			
Telephone No's:		Mo	bile			Other:
Annual Service Cost	Balla		acchus N	ar ⁄Iarsh – W htly Servi	•	Service
Number of Bins Required		]				
Days requiring collection	Mon	Tues	Wed	Thurs	Fri	]
Bin Including Lid						
Garbage Bin ☐ 240			L = \$146.30			
Lid Required Only (For ap	proved	pre-own	ed bins	)		
Garbage Bin (Red)	-	L = \$54.60				
Property Owner Information	on					
I understand that the service on an annual basis thereafte		l be adde	ed to my	rates on	a pro-	rata basis (until the end of June) and
For a new Commercial Ser	vice, pr	roperty o	wner si	gnature i	is requ	uired
Property Owner Name:						_
Property Owner Signature:					Date:	
Please Note: This personal in and Data Protect			y Mooral	oool Shire	Council	I in accordance with the Privacy
(Council Use Only)						
Property No:						