

# Commercial Waste Collection Service Contract



Town of Cottesloe

**BILLING DETAILS:**

Entity Name:	Trading Name:
Phone:	ABN:
	Postcode:

**COMMERCIAL WASTE SERVICE DETAILS:**

Contact Name:	Mailing Address:
Business Phone:	Email:
Service Address:	Mobile:

**Changes to current services**

- Additional service     
  Removed service     
  New service  
 Stolen     
  Change of Service Days

**Details of Service – After Change**

Start date ..... / ..... / .....      Finish Date ..... / ..... / ..... (Complete upon cancellation only)

SERVICE DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
___ x 240L General Waste							
___ x 240L Recycling - Weekly							
___ x 240L Recycling - Fortnightly							
___ x 660L General Waste							

.....  
Signature (Authorised Person/Agent)



**COSTING PER WEEK**

240L General Waste Services per lift	\$7.62 (Per lift) x .....	= \$.....per week
240L Recycling Services per lift	\$5.10 (Per lift) x .....	= \$.....per week
660L General Waste Services per lift	\$19.00 (Per lift) x .....	= \$.....per week

ALL CHARGES ARE TO BE PAID BY THE DUE DATE ON THE INVOICE/STATEMENT ISSUED. ONE MONTH'S NOTICE IS TO BE PROVIDED IN WRITING PRIOR TO CANCELLATION/TRANSFER OF SERVICE. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE CLIENT BEING RESPONSIBLE FOR CHARGES UP TO THE DATE OF RECEIPT OF THE REQUIRED NOTICE. COUNCIL RESERVES THE RIGHT TO REVIEW THE SERVICE CHARGES BY SERVING ONE MONTH'S NOTICE IN WRITING.