

# Commercial Waste Collection Service Contract



**Billing Details:**

Entity/Owners Name:	ABN:
Trading Name:	Phone:
Billing Address:	

**Commercial Waste Service Details:**

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

**Changes to current services**

- Additional service                       Cancel service                       New service  
 Change of Service Days

**Complete Details of ALL Waste Services Required After Requested Change**

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

SERVICE DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
___x 240L General Waste Weekly							
___x 240L Recycling - Weekly							
___x 240L Recycling - Fortnightly							
___x 660L General Waste Weekly							
___x 240L Garden Organics - Fortnightly							

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 the required notice period.

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

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Town of Cottesloe

## **COSTING PER WEEK**

240L General Waste Services per lift	\$8.08 (Per lift) x .....	= \$.....per week
240L Recycling Services per lift	\$5.42 (Per lift) x .....	= \$.....per week/fortnight
660L General Waste Services per lift	\$20.19 (Per lift) x .....	= \$..... per week
240L Green Waste Services per lift	\$3.00 (Per lift) x .....	= \$.....per fortnight

*Please refer to the Town of Cottesloe's current Schedule of Fees and Charges (available at [cottesloe.wa.gov.au](http://cottesloe.wa.gov.au)) for all Commercial waste charges.*