## Request to Repair/Replace Bins (Commercial)



Applicant	Details							
Date:								
Business I	Name:							
Owners N	lame:							
Phone Number:				Email:				
Property	Address:							
	Postcode:							
Changes t	to current serv	ices:						
☐ Repair Bin ☐ Replace				e Damaged/Missing Bin				
Bin type:	Seneral waste	□ 240L	Recycle	□ 660	L General W	'aste	☐ 240L Greens	5
	Bin type		Replacement Cost		Repair Cost			
	240L General Waste/Recycling			\$75.00			\$27.00	
	660L General Waste Bin			\$475.00		\$27.00		
Signature:			Name	:		Date	e: / /	
Total Fee					Advise depot Update Authority TRIM			
Receipt #					Rates (if applicable	e)		