

Event Bin Request



Town of Cottesloe

APPLICANT DETAILS:

Name:	Organisation:
Phone:	Email:
Billing Details, including address:	
ABN:	

EVENT DETAILS:

Date:	Time:	Location:
Event Name:		
Is there an approved road closure YES <input type="checkbox"/> NO <input type="checkbox"/> . If Yes, please advise date, times and location:		

BIN REQUIREMENTS:

Bin Quantity

_____ 240L General Waste Bins _____ 240L Recycling Bins _____ 240L FOGO Bin

Bin Delivery

Date: _____ Time: _____ Location: _____

Bin Servicing

Date/s: _____ Time: _____ Location: _____

Bin Removal

Date: _____ Time: _____ Location: _____

Other Instructions: _____

This application should be lodged at least 5 working days prior to your event, as bin availability and servicing times may be limited. Charges apply as per the current Town of Cottesloe Schedule of Fees and Charges.

OFFICE USE ONLY:

Contractor advised: _____ Depot advised: _____

Cost \$ _____

Payment Type: _____ Receipt # _____ Date Paid: _____