



BOROUGH OF QUEENSCLIFFE

Application for placing of bins and skips in public land or streets

Fax to: Borough of Queenscliff
Fax Number: (03) 5258 3315

Date:

Sketch map of location relative to address being serviced.

BIN AND SKIP DETAILS

- ADDRESS BIN/SKIP IS SERVICING:
- PROPOSED SITING OF BIN/SKIP (Circle Location)
 On roadway On Nature Strip In Row Other
- CONTACT ON SITE: Name..... Telephone:.....
- BIN/SKIP SIZE AND NUMBER: Size.....Cubic Meter Number of Bins:.....
- PROPOSED PLACEMENT DATE:
- PROPOSED COLLECTION DATE:
- MAIN TYPE OF WASTE BEING COLLECTED (Please Circle)
 Household Renovations Household Garden Waste Household Other Building Construction Commercial Waste Industrial Waste

CONTRACTOR DETAILS

- BIN CONTRACTOR DETAILS
 Name:..... Telephone: (BH).....
 Address:..... Telephone: (AH).....
 Fax:.....

- Signature of Applicant:..... Date:.....

| <u>OFFICE USE ONLY</u> | |
|-------------------------------------|--|
| Council accredited: Yes / No | Public Liability Insurance: Yes / No |
| Permit Number: | Permit Date: |
| Fee Charged: \$..... | Fee Payment: Cash Account Other |
| Authorised Officer: | Date Permit faxed or sent: |