

ASSISTED HOUSEHOLD BIN SERVICE



CITY of PERTH

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City of Perth

Council House

27 St George's Terrace, Perth

GPO Box C120 Perth

Western Australia 6839

ABN 8378 0118 628

Phone: 1800 013 827

Facsimile: (08) 9461 3020

info.city@cityofperth.wa.gov.au

www.perth.wa.gov.au

Instructions: Please print clearly in the spaces provided.

1. APPLICANT DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Residential Address:	<input type="text"/>		
Telephone:	<input type="text"/>	Postcode:	<input type="text"/>
Mobile:	<input type="text"/>	Facsimile:	<input type="text"/>
E-mail:	<input type="text"/>		

2. PROPERTY DETAILS

Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>

Property Type:	<input type="checkbox"/> Unit	<input type="checkbox"/> House
(please tick)	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Duplex
	<input type="checkbox"/> Apartment	<input type="checkbox"/> Other _____

Please tick the appropriate box:

- I am the OWNER of the above property, and reside at this dwelling.
- I am the TENANT of the above property, and reside at this dwelling.

NOTES: If the tenant, a **photocopy** of the current lease agreement must be provided.

3. SECONDARY CONTACT DETAILS

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
E-mail:	<input type="text"/>		
Relationship to Applicant:	<input type="text"/>		

4. PROOF OF ELIGIBILITY (please attach)

Medical Certificate or Letter from a qualified medical practitioner

The document should be printed on the relevant practice letterhead, include details of the medical practitioner, service provider number and contact details.

The document should state that the applicant is physically unable to move their bins due to ongoing medical / temporary medical issues (if temporary it should also include how long the service is required for).

NOTES: Specific details such as the nature of the medical issue or medical history are not required.

5. SERVICE TYPE REQUIRED (Please tick all that apply)

- Weekly Landfill Service
 Weekly Comingled Recycling Service
 Fortnightly Green Waste Recycling Service

Is your need for the Assisted Household Bin Service temporary? (Please circle) Yes / No

If so, how long do you require the Assisted Household Service for? _____

6. DECLARATION & AUTHORISATION

- I am unable to move my bins from my property to and from the kerbside, and am in genuine need of the Assisted Household Bin Service.
- I do not have in house support services who could assist by moving the bins to and from the kerbside.
- There is no other adult (16 years and over) residing at this address.
- There are no other people (for example: family, friends or neighbours) who can assist me in putting my bins out to be emptied.
- I will let City of Perth know of any changes to my circumstances (i.e. change of address, someone who is able to assist, lengthy hospital stay etc.).

I declare the above statements to be true and agree to the Terms & Conditions as outlined below and I understand that no bin service will be provided until the proof of eligibility has been submitted and the property has been assessed.

Name:

Signature:

Date:

Response Time: 10 Working Days from date of receipt

Please Note: This form is available in alternative languages and formats on request.

TERMS & CONDITIONS

1. Where the property is assessed by Council as presenting unacceptable Work Health and Safety risk to collection staff, the applicant will not be provided with the Assisted Household Bin Service and will have to make alternative arrangements for bin presentation at the kerbside.
2. The City of Perth may place an identification tag (reflective tape or disc) on the Applicant's bin(s) to assist collection staff in identifying the bin(s).
3. Applicants must ensure their bin is maintained in a clean condition and the lid can be closed on the service day to assist collection staff. No overflowing bins or additional bags will be collected.
4. The bin(s) must be visible from the front of the property. Collection staff will not enter back yards, outdoor areas or rear of dwellings.
5. Whilst every care will be taken during the collection service, the City of Perth will not be liable for damage to serviced properties.
6. The cost of any Medical Examination is to be organised by and borne by the Applicant.
7. Service applications are not transferrable and relate to the Applicant and the Applicant's property only.
8. The Applicant or secondary contact must advise the City of Perth (Phone 1800 013 827) if the Assisted Household Bin Service is no longer required or if circumstances change, e.g. change of address or lengthy hospital stay etc.
9. If the Applicant moves to another property then the Applicant must notify the City of Perth of the change of address to enable an assessment of the new property for the Assisted Household Bin Service.
10. If Council suspects that circumstances have changed at the serviced property, then Council may investigate as to whether there is a genuine need for the service to continue.

The approved Assisted Household Bin Service is valid for a maximum period of 2 years from the date of commencement of the service at the property. Council will send the applicant a letter prior to the expiry date reminding of the need to re-apply for the service to continue.
