



# Shire of Coolgardie

Our Community, Our People, Our Future

## **BIN SERVICE REQUEST/EXCHANGE FORM**

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**New Service Required**

No. of Bins & Sizes \_\_\_\_\_

No. of Empties \_\_\_\_\_

**Change of Existing Service**

From Address \_\_\_\_\_

To Address \_\_\_\_\_

**Exchange Bin – Details** \_\_\_\_\_

**Stolen Bin Report No.** \_\_\_\_\_

**Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorising Officer** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

