



Regional Council of Goyder
Kerbside Waste Collection Application

Record No:	
File No:	5.36.1.2
Adopted:	

CUSTOMER TO COMPLETE

APPLICANT DETAILS			
First Name:		Last Name:	
Contact Number:		Email:	
Property Address:			
Mailing Address:			

OTHER DETAILS		
Are you the property owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require bins (if no bins are available at the property)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PAYMENT (Please note that bins cannot be collected until payment has been made)	
Please raise me an invoice for initial service costs <input type="checkbox"/>	
Please direct debit the amount owing for initial service costs <input type="checkbox"/>	
Name on Card	_____
Card Number	_____
Expiry	_____ CVV No: _____

DECLARATION			
I hereby apply to join Regional Council of Goyder's kerbside waste collection service.			
Signature:		Date:	

OFFICE USE

TECH/ ADMIN			
Property Assess No:		Corro Code:	
Is property on waste truck route?	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No - Bins to be collected from:		
Is the property township or rural?	<input type="checkbox"/> Township		
	<input type="checkbox"/> Rural - Sticker No's _____		
Previous bins issued to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Notes:			
Signature:		Date:	
RATES			
Debtor Code:		Amount Due:	
			Invoice sent <input type="checkbox"/>
Notes:			
Signature:		Date:	