

WASTE SERVICE REQUEST

STEPS TO COMPLETE THIS FORM

1. Ensure the **owner** of the property signs this form (Proof of Ownership may be required)
2. Once completed you can submit this form by Email, Mail or in Person
3. Domestic Waste Charge will apply

OWNERS DETAILS

Title (Mr/Mrs/Ms/Miss)

Given Name/s

Surname (Family Name)

Owners signature

Date

Contact numbers

H:

Mob:

Email:

PROPERTY DETAILS

Street No.

Street Name

Suburb

Lot

DP/SP

Nearest Cross Street

SERVICE REQUESTED

New Service

Second Service

Granny Flat

Knockdown/Rebuild

Cancel Service

Date of occupation of dwelling

___ / ___ / ___

Please Note:

- New and/or Additional Services please allow minimum 5 working days for delivery
- Cancellation of Service – Bins will be removed on next collection day (Bins to be placed on kerbside)

CONTACT US

Call Centre

Mon to Fri - 8:30am to 5:00pm

Ph: 02 9725 0222

Fax: 02 9725 4249

In person

Mon to Fri - 8:30am to 4:30pm

86 Avoca Road WAKELEY NSW 2176

E-mail

wasteservices@fairfieldcity.nsw.gov.au

Website www.fairfieldcity.nsw.gov.au

Mail

PO Box 21 FAIRFIELD NSW 1860

OFFICE USE ONLY

COLLECTION DAY:

Monday

Tuesday

Wednesday

Thursday

Friday

Property Assess No.

Waste Bin CRM

Recycling Bin CRM

Entered By:

Date