

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owners signature		Date
<input type="text"/>		<input type="text"/>
Contact numbers		
H: <input type="text"/>	Mob: <input type="text"/>	Email: <input type="text"/>

PROPERTY DETAILS

Street No.	Street Name	Suburb
<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot	DP/SP	Nearest Cross Street
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	mail@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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Entered By:	Date	
<input type="text"/>	<input type="text"/>	