

Request for Replacement Bin/s

Lost or Stolen

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Make a payment

Please supply your credit card details or include a cheque for payment of this application

Fees Apply

Lost or Stolen Bin Fee **\$62.00** per bin.
Payment required on application.

Office Use Only

Receipt Number

Amount Paid

Collection of Information

Colac Otway Shire is committed to protecting your privacy. The personal information requested on this form is being collected by Colac Otway Shire for the purpose of waste collection services or another related purpose. The personal information will also be disclosed to Colac Otway Shire's waste collection contractors for the purpose of waste collection. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If you wish to alter any of the personal information you have supplied to Colac Otway Shire, please contact Council via telephone on 5232 9400 or email inq@colacotway.vic.gov.au. Council's Privacy Policy is available from our website: colacotway.vic.gov.au/Council-the-shire/Council-policies and all Council Customer Service Centres.

Replacement Bin/s Required (please tick)

- RED Landfill - 120 ltr
 YELLOW Recycling - 120 ltr
 PURPLE Recycling - 120 ltr
 GREEN Organics - 120 ltr
 RED Landfill - 240 ltr
 YELLOW Recycling - 240 ltr
 GREEN Organics - 240 ltr

Important Information

- **Lost or stolen bin fee is \$62.00 per bin** which covers part of the bin cost as well as administration and delivery fees.
- Bins must be placed out the night before collection and must be removed from the kerb no later than the day after collection.
- A weight limit of 80 kgs applies to all bins.
- Please make sure each bin contains the correct material and is not contaminated.
- All bins are initially provided by the Colac Otway Shire Council and all bins remain the property of Colac Otway Shire Council; they should not be removed from the property or used for other purposes than the kerbside collection.
- **For more information on kerbside collection services visit www.colacotway.vic.gov.au or download the GoodSort App.**

Your Details

Your Name

Phone Number

Property Address (where bins are required)

Unit/Flat

Property Number

Street Name

Town

Postal address

Assessment No.

I hereby request the Colac Otway Shire Council provide me with the above replacement bin/s as my property bin has been:

- Stolen
 Lost
 Other

Signature

Date

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Payment by Credit Card

What you need to do for your application



Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



Submit payment

Please attach this to the FRONT of your application/documents

This form will be destroyed upon completion of the payment process

| Office Use Only | |
|--------------------------------------|----------------------|
| Application No | |
| <input type="text"/> | |
| Amount | Receipt Type |
| \$ <input type="text"/> | <input type="text"/> |
| Receipt No | Date |
| <input type="text"/> | <input type="text"/> |
| DO NOT SCAN - TO BE DESTROYED | |

Your Details

| | | | |
|--|-------------------------|-----------------|----------------------|
| First name | <input type="text"/> | Last name | <input type="text"/> |
| Company | <input type="text"/> | | |
| Best phone number to contact you on | <input type="text"/> | Email | <input type="text"/> |
| Residential or postal address | <input type="text"/> | | |
| Description of payment (i.e. Rates, Permit Application, Invoice) | <input type="text"/> | | |
| Amount to be charged | \$ <input type="text"/> | Amount in words | <input type="text"/> |

Credit Card Details

| | | | |
|----------------------|---|--|--|
| Name on card | <input type="text"/> | | |
| Credit Card Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="checkbox"/> VISA CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX | |
| Expiry Date | CIV | Signature | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |