



## FORBES SHIRE COUNCIL

### WASTE SERVICES VARIATION FORM – NON-RESIDENTIAL CBD PREMISES

#### 1. Property Owner's Details

Name:

Full Postal Address:

Signature:

Business Telephone No:

#### 2. Identification of Building for Delivery of Bins

Street Address:

Building/Business Name:

#### 3. Type of Order

New Service

Additional Service

Reduction in Services

Requested date of commencement:

#### 3 (a) Service Details

Day	# of red-lidded bin collections (weekly)	# of yellow-lidded bin collections (fortnightly)	# of green-lidded bin collections (weekly)
Monday			
Wednesday			
Friday			

#### 3 (b) Service Breakdown

<b>Total Number of Collections</b>	<b>Red-lidded</b>	<b>Yellow-lidded</b>	<b>Green-lidded</b>
<b>Total Number of Bins On Site</b>	<b>Red-lidded</b>	<b>Yellow-lidded</b>	<b>Green-lidded</b>

Signed by Property Owner : \_\_\_\_\_

Date: \_\_\_\_\_