



**SHIRE OF DERBY/WEST KIMBERLEY**

Telephone : (08) 91 910 999

Facsimile : (08) 91 910 998

**CHANGES TO CURRENT SERVICE PROVISION**

Use this form if you wish to change the number of bins or the number of services to your property – includes new properties.

**HOMESWEST tenants to liaise directly with the dept.**

I, \_\_\_\_\_ of : \_\_\_\_\_  
(OWNER'S NAME) (POSTAL ADDRESS)

wish to change the current service being provided : (please tick)

- NEW SERVICE OR NEW PROPERTY
- ADDITIONAL BIN/SERVICE
- CANCELLATION OF SERVICE

Current service/bin being provided (per week) \_\_\_\_\_

New no. of services/bins required (per week) \_\_\_\_\_

**Please Note: Additional charges may apply for any additional or changes to services.**

**BIN TYPE REQUIRED**

240 litre Sulo ( ) Industrial skip bin ( )

**PROPERTY FOR WHICH SERVICE/BIN RELATES TO:**

Assessment No. \_\_\_\_\_

Lot No. \_\_\_\_\_ Street No. \_\_\_\_\_ Unit No. \_\_\_\_\_

Street Name \_\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

**Private Witness or Council/Waste Management Contractors Witness :**

Signature : \_\_\_\_\_ Name : \_\_\_\_\_

**OFFICIAL USE ONLY**

DATE FAXED TO DEPOT \_\_\_\_\_

NUMBER OF BINS CURRENTLY CHARGED \_\_\_\_\_ BIN NO. \_\_\_\_\_

NEW BIN NO. \_\_\_\_\_ REPLACING BIN NO. \_\_\_\_\_

DELIVERY DATE \_\_\_\_\_

PROPERTY & BIN SYSTEMS UPDATED \_\_\_\_\_ (SIGN/DATE)