

Application for Assisted Waste Collection Service (Walk-In) or Additional Bin for Medical Reasons

Please print in block letters

APPLICANT DETAILS (to be filled out by the applicant)	
Applicant Name:	
Applicant Representative (if applicable):	
Phone Number:	
Email address:	
Property Address:	
The property is: <ul style="list-style-type: none"> <input type="radio"/> Owned by applicant/representative <input type="radio"/> Rented by applicant/representative 	
DECLARATION (to be filled out by the applicant/representative)	
I would like to apply for (please tick all that apply): <ul style="list-style-type: none"> <input type="radio"/> An additional waste bin, due to the excessive waste generated by a health condition of the applicant. <input type="radio"/> Assistance wheeling my bins to the kerb for collection (walk-in service) because I am unable to. I do not reside with another person who is able to perform the task on my behalf. 	
I understand that I must advise the City of Rockingham in writing if the walk-in service or additional waste bin is no longer required, or I move house.	
Applicant Signature:	
Date:	
DECLARATION (to be completed by applicant's medical practitioner)	
Name of Doctor:	
Address of Doctor:	
Phone number:	
In my opinion the above named applicant (please choose one): <ul style="list-style-type: none"> <input type="radio"/> Requires an additional waste bin due to an illness that generates waste at home, or <input type="radio"/> Requires assistance taking bins to the kerb for collection due to age or a medical condition. 	
Doctor Signature:	
Date:	

Once completed, please to send to:

City of Rockingham
PO Box 2142
ROCKINGHAM DC WA 6967

Or email: customer@rockingham.wa.gov.au

Please note: This form does not automatically guarantee service request. A City Officer will contact the applicant to confirm or decline application.

Office use only

Assessment: _____
 Date submitted by applicant: _____
 Date contacted: _____
 Approval date: _____ Approved by: _____
 CRM: _____
 Bin day: _____
 Walk-in service: _____
 Dog on property? Yes/No _____ Gate? Yes/No _____ Other? _____