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: ○ Owned by applicant/representative ○ Rented by applicant/representative	
DECLARATION (to be filled out by the applicant/representative)	
I would like to apply for (please tick all that apply): ☐ An additional waste bin, due to the excessive waste generated by a health condition of the applicant. ☐ 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): ○ Requires an additional waste bin due to an illness that generates waste at home, or ○ Requires assistance taking bins to the kerb for collection due to age or a medical condition.	
Doctor Signature:	
Date:	

Once completed, please send to:

City of Rockingham
PO Box 2142
ROCKINGHAM DC WA 6967

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

Please note: Submitting this form does not automatically guarantee approval. A City Officer will contact the applicant to confirm or decline the application.

The City of Rockingham collects your personal information to administer your Assisted Waste Collection Service (Walk-In) or Additional Bin for Medical Reasons. It may also be used for secondary purposes which would be reasonably expected. We may share this information with our contractor in order to fulfill your request. If you choose not to provide your personal information, we may not be able to process your application. To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

OFFICE USE ONLY

Assessment		Date Applicant Submitted		Date Contacted	
Approval Date		Approved By		CRM	
Bin Day					

Walk-In Service:

Dog on Property	Yes / No	Gate	Yes / No	Other	