|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Cancel Your Bins** | | | | | | | | |
| Please note that if you own a residential property within a township, a collection service is compulsory whether you choose to use the bins or not.  Before completing this form, please contact Council to check whether your bins and charges can be cancelled.  I wish to cancel the following bins from my property:   * All bins – Garbage, Recycling and Organics   The cancelled bins will be removed from the property by Council’s contractor.  Where appropriate, relevant charges will be cancelled from the property’s rates notice (Pro-rata from the date the cancellation request was received)  **I have read and understand the above information, and confirm that I am the property owner:** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Property Address: | | | | | | | | | | | |
| Collection Point: | | | | | | | | | | | |
| Phone: | | | | | | Mobile: | | | | | |
| Email address: | | | | | | | | | | | |
| Signature: | | | | | | | | | Date | | |
| **Office Use Only – please do not fill out** | | | | | | | | | | | |
| Assessment No | |  | | | | | Date Levied | | |  | |
| Date Contractor Notified | |  | | | | | Approving Officer Signature | | |  | |
| Garbage Serial No |  | | | Recycle Serial No |  | | | Organics Serial No | | |  |
| Date Bins Retrieved | | | | | | | | | | | |