|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Repairs or Replacement for Damaged Bin** | | | | | | | | |
| **The bin/s that was damaged (please circle):** | | | | | | | | | | | |
| Garbage (red lid) | | | | 80 litre | | | 120 litre | | | 240 litre | |
| Recycling (yellow lid) | | | | 120 litre | | | 240 litre | | | 360 litre | |
| Organics (green lid) | | | | 120 litre | | | 240 litre | | |  | |
| Kitchen Caddy | | | | | | | | | | | |
| **The bin/s need to be (please circle):**  Repaired Replaced    (Please describe repairs required e.g. lid, lid pin, wheels, axle)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Your Details** | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Property Address: | | | | | | | | | | | |
| Property Assessment Number: | | | | | | | | | | | |
| Collection Point: | | | | | | | | | | | |
| Phone: | | | | | | | | | Mobile: | | |
| Email address: | | | | | | | | | | | |
| Signature: | | | | | | | | | Date: | | |
| **Office Use Only – please do not fill out** | | | | | | | | | | | |
| Date Replaced/ Repaired: | | | | | | | | | | | |
| Date Contractor Notified | |  | | | | | Approving Officer Signature | | |  | |
| Garbage Serial No |  | | | | Recycle Serial No |  | | Organics Serial No | | |  |