## REQUEST FOR NEW/ALTERATION TO WASTE MANAGEMENT SERVICE



www.derwentvalley.tas.gov.au (03) 6261 8500	P.O. Box 595 New Norfolk TAS 7140	ABN 75 384 057 266	
I, (Property Owner)			
of (Property Address)			
Postal Address (if different)			
Phone:	Email:		
Wish to apply for the provisio	n of a waste management serv	vice to the above address as follow	vs:
	ste wheelie bin, collected wee an annual cost of \$201.60	ekly and $1 \times 140$ litre recycling whe	elie bin
	ste wheelie bin, collected wee an annual cost of \$233.70	ekly and $1 \times 240$ litre recycling whe	elie bin
	ste wheelie bin, collected wee an annual cost of \$240.75	ekly and $1 \times 140$ litre recycling whe	elie bin
	ste wheelie bin, collected wee an annual cost of \$276.00	ekly and $1 \times 240$ litre recycling whe	elie bin
WILL THIS SERVICE (Please	e select all relevant service/s)		
<ul> <li>Be a new service (an occu</li> <li>Change an existing service</li> <li>Replacement (stolen)</li> <li>Repair (indicate item for response)</li> <li>Solid waste bin</li> </ul>		e 🗌 Removal 🗌 Additional set o	of bins 🗌 Bin 🗌
Signature:	Date:		
Please return completed form	to Derwent Valley Council – <u>c</u>	dvcouncil@dvc.tas.gov.au.	
OFFICE USE ONLY			
Current Service being Paid fo Is the signatory the owner of t	Assessme r: Waste: Recyclin he property? D Yes D N wner of property must consent	10	
Commencement Date (for rat Entered on spreadsheet: Action Officer:			
Occupancy Certificate sighted	l (if new build) $\Box$		
Notes:			