

Rural Roadside Rubbish Collection Application

| Name of Organisation | | | | | | |
|--|--|--------------|----------------------|------------|--------|---|
| Postal Address | | | | | | |
| Contact Person Name | | | | | | |
| Contact Phone | | | | | | |
| Organisation ABN | | | | | | |
| Registered for GST Ye | | 3 | | | No | |
| I wish to apply removal. | for the following st | reet/section | to be allo | cated to o | ur gro | up for the purpose of litte |
| | | | | | | |
| both sides of th | | ch our orga | nisation w | | , | poundary fence to fence) of per full bag of rubbish. A |
| Month we propose to commence | | | | | | |
| Number of people involved in litter collection | | | | | | |
| can be accepte | | Serpentine | Jarrahdale | | | oluntary and that no liabilit to persons, or damage to |
| • | n of our rubbish co al number of bags | | | _ | Custor | mer Service Team on 952 |
| I acknowledge re | eceipt of Health and | d Safety Gu | idelines. | L | | |
| Signature | | | Date | | | |
| Office Use Only | | | | | | |
| Creditor # | | | Total number of Bags | | | |
| PJ Acc # 3230-13405-6244-0000 | | | Date Bags Collected | | | |
| AR# | | | Payment amount \$ | | | |
| Authorising Officer | | | Date | | | |

Contact Us

Enquiries

Call: (08) 9526 1111 Fax: (08) 9525 5441

Email: info@sjshire.wa.gov.au

In Person

Shire of Serpentine Jarrahdale 6 Paterson Street, Mundijong WA 6123

Open Monday to Friday 8.30am-5pm (closed public holidays)

