

RESIDENTIAL BIN REQUEST FORM



Date: _____ Email: _____

Name: _____

Requested by: Housing Auth/Agent Property Owner

Address: _____

Contact Number of owner/Agent: _____

If Stolen - Police Incident Report No.: _____

Domestic or Recycle: _____

Details of Bin Damage: _____

Signature of owner: _____

SHIRE OFFICE USE ONLY

Domestic Bin	Recycle Bin
<input type="checkbox"/> New – no bin to swap out	<input type="checkbox"/> New - no bin to swap out
<input type="checkbox"/> Replacement (Must Provide Police IR #)	<input type="checkbox"/> Replacement (Must Provide Police IR #)
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair
<input type="checkbox"/> Not Repairable	<input type="checkbox"/> Not Repairable

Submitted by SOEP Employee: _____ Officer Referred to: _____

Customer Request #: _____ Assessment #: _____

Purchase Order/Payment: _____ Emailed to Cleanaway: _____

CLEANAWAY TO COMPLETE:

Cleanaway comments: _____

Please attach photo proof of discrepancy (if required)

New Domestic Bin #: _____ New Recycle Bin #: _____