

BIN REQUEST FORM



Date: _____

Name: _____

Address: _____

Phone: _____

SHIRE OFFICE USE ONLY

CLEANAWAY	SHIRE DEPOT
<input type="checkbox"/> New Domestic Bin	<input type="checkbox"/> New Recycle Bin
<input type="checkbox"/> Replacement/Repair Domestic Bin – Details:	<input type="checkbox"/> Replacement/Repair Recycle Bin

Customer Request #: _____ Assessment #: _____

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

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