



Please return this completed form to:  
 22 Nolan Street, Maryborough VIC 3465  
 PO Box 194, Maryborough VIC 3465  
 Tel: 03 5461 0610 | Fax: 03 5461 0666  
 Email: [mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au)

# Missing / Damaged Bin Form

Print clearly using black/blue pen only

Applicant Details		
<b>Name:</b>		
<b>Address for Garbage &amp; Recycling Services:</b>		
<b>Postal Address:</b> (if different to above)		
<b>Telephone:</b> (contact number must be provided)		<b>Mobile:</b>

Damaged Bin	
<b>What day is Your Bin Normally Picked Up?:</b> Damaged Bin will be emptied and replaced on this day after emptying	
<b>Tick Relevant Bin Type &amp; Size</b>	
<input type="checkbox"/> Urban 80 Litre Garbage Mobile Bin	<input type="checkbox"/> Rural 140 Litre Garbage Mobile Bin
<input type="checkbox"/> Urban 140 Litre Garbage Mobile Bin	<input type="checkbox"/> Rural 240 Litre Garbage Mobile Bin
<input type="checkbox"/> 240 Litre Recycle Mobile Bin	
<input type="checkbox"/> Urban 240 Litre Green Waste Mobile Bin	
<b>How do you believe Bin was damaged?:</b>	

Stolen / Missing / Lost Bin	
<b>Are you the property owner?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If NO: Please advise landlord/agent name and contact.
	Details:
<b>Tick Relevant Bin Type &amp; Size</b>	
<input type="checkbox"/> Urban 80 Litre Garbage Mobile Bin	<input type="checkbox"/> Rural 140 Litre Garbage Mobile Bin
<input type="checkbox"/> Urban 140 Litre Garbage Mobile Bin	<input type="checkbox"/> Rural 240 Litre Garbage Mobile Bin
<input type="checkbox"/> 240 Litre Recycle Mobile Bin	
<input type="checkbox"/> Urban 240 Litre Green Waste Mobile Bin	
<b>Please provide comprehensive details of how the bin/s went missing.</b>	

\*\*\*\*\* PLEASE SIGN OVERLEAF \*\*\*\*\*

**Applicant's Declaration:**

I hereby declare that the information I have provided is true and correct. I understand that should it be determined that the information I have supplied is inaccurate I can be charged for the cost/s of the replacement bin/s.

Applicants

Signature:.....Date:.....

**Privacy Collection Statement:**

*The collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. Please refer to the Privacy Policy for further information.*

**OFFICE USE ONLY:**

CUSTOMER SERVICE	
Property Number	
Processed By:	
Date:	
Contractor Advised Date:	

Waste Contractor	
Bin/s Delivered Date:	
Bin Numbers:	
Comments:	