



CHECKLIST – BIN REQUEST

Damaged **Stolen** **New** **BA7*** **RFP**** **Additional*****

* BA7 – New Completion ** Rural Facility Pass

***Additional - RS Level 1 RS Level 2 RS Level 3 RS Level 4 RS Level 5

To be completed by the person making the request:

1. OWNER/PROPERTY DETAILS

Owners Name: _____

Details of Damage (if applicable): _____

Person making request: _____

Contact details: _____

Property Address: _____

Which bin requires replacement/fixing? (please circle)

General Waste Bin

Recycle Bin (Yellow Top)

How many new / additional bins required?

General Waste Bin

Recycle Bin

OFFICE USE ONLY:

TASK TO BE ACTIONED

Pass to Coordinator Infrastructure Services to task for action in Works Planner.

DEPOT ACTION

NOTE: Depot staff to provide all bins numbers at property regardless of whether a new/replacement bin has been issued.

Name: _____ **Date:** _____ **Removed Bin No:** _____

General Waste Bin No: _____ **Recycle Bin No:** _____

General Waste Bin No: _____ **Recycle Bin No:** _____

General Waste Bin No: _____ **Recycle Bin No:** _____

Operations Supervisor to return this form to Rates Officer to record bin numbers in PropWise