

Application for Special Event Bin Hire

Date:

Address of Property:

(For Delivery)

Name of Applicant:

Name of Company:

Postal Address:

Phone Number:

ABN:

Please tick and write clearly the details of the required service to avoid delays

<input type="checkbox"/>	3.0 m ³ Waste Bin	<input type="checkbox"/>	3.0 m ³ Recycle Bin
<input type="checkbox"/>	4.5 m ³ Waste Bin	<input type="checkbox"/>	240ltr Waste Bin

Name and Type of Event	
Delivery Date and Time	
Collection Date and Time	

Signature:

Date:

Please return this form to the Shire of Murray either by email to mailbag@murray.wa.gov.au, fax to 9531 1981 or post to PO Box 21, Pinjarra WA 6208

Office Use Only

Assessment No:

Charge: \$

Invoiced: Yes / No

Officer: