## **80WH**





## DECREASE RUBBISH COLLECTION SERVICE

| l,                                 | the authorised person;  |
|------------------------------------|---|
|                                    | Please print your name  |
| Property Own                       | er Property Manager   |
| Request that the City o            | of Greater Geraldton to reduce my rubbish bin collection from s each week.  |
| TYPE OF SERVICE RI                 | EQUIRED please tick appropriate box  Industrial Residential   |
| ADDRESS OF PROPE<br>Assessment No: | ERTY REQUIRING THE REMOVAL OF SERVICE/S   |
| Address:                           |   |
| PERSON REQUESTIN Property Agent:   | G THE REMOVAL OF ADDITIONAL SERVICE/S   |
| Contact Name:                      |   |
| Address:                           |   |
| Phone Number:                      | Fax Number:   |
| Email Address:                     |   |
| rubbish rate charge p              | e City of Greater Geraldton charges a minimum of one (1) er residential property per annum and removal any additional vices shall decrease the property's annual rate charges as application. |
| Applicant's Signature:             | Date:   |
|                                    | OFFICE USE  |
| Date Received:                     | Admin. Officer:   |
| Officer's<br>Signature:            | Date:   |



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