Development & Community Services Department

## **HW08**



ABN 55 907 677 173

TRIM Reference:

## **DECREASE RUBBISH COLLECTION SERVICE**

I,	the authorised person;
F	Please print your name
Property Owne	r Property Manager
Request that the City o	f Greater Geraldton to reduce my rubbish bin collection from each week.
TYPE OF SERVICE REC	QUIRED please tick appropriate box
ADDRESS OF PROPER	RTY REQUIRING THE REMOVAL OF SERVICE/S
Address:	
PERSON REQUESTING Property Agent:	G THE REMOVAL OF ADDITIONAL SERVICE/S
Contact Name:	
Address:	
Phone Number:	Fax Number:
Email Address:	
rubbish rate charge pe	City of Greater Geraldton charges a minimum of one (1) r residential property per annum and removal any additional ices shall decrease the property's annual rate charges as oplication.
Applicant's Signature:	Date:
	OFFICE USE
Date Received:	Admin. Officer:
Officer's Signature:	Date:
	Po Box 101 Geraldton WA 6531 Geraldton Civic Centre T 08 9956 6600 F 08 9956 6674 Mullewa Office T 08 9956 6643 F 08 9961 1206 E council@cqg.wa.gov.au W www.cqg.wa.gov.au

0