



TRIM Reference: _____

DECREASE RUBBISH COLLECTION SERVICE

I, _____ the authorised person;
Please print your name

Property Owner Property Manager

Request that the City of Greater Geraldton to reduce the number of _____ rubbish collection service/s each week.

TYPE OF SERVICE REQUIRED *please tick appropriate box*

Commercial Industrial Residential

ADDRESS OF PROPERTY REQUIRING THE REMOVAL OF SERVICE/S

Assessment No: _____

Address: _____

PERSON REQUESTING THE REMOVAL OF ADDITIONAL SERVICE/S

Property Agent: _____

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I understand that the City of Greater Geraldton charges a minimum of one (1) rubbish rate charge per property per annum and removal any additional rubbish collection services shall decrease the property's annual rate charges as from the date of this application.

Applicant's
Signature: _____ Date: _____

OFFICE USE

Date Received: _____ Admin. Officer: _____

Officer's
Signature: _____ Date: _____

