



TRIM Reference: _____

PENSIONER'S BULK BIN PROGRAM APPLICATION

ELIGIBILITY

You will be eligible to be part of the Bulk Bin Program if you:

1. Hold a Pensioner Concession Card (e.g. Age Pension, Disability Support Pension, etc.) – proof of a current, certified copy of your card will be required.
2. Provide two (2) examples of Proof of Residency within the City of Greater Geraldton in the past 12 months (e.g. Council Rates Notice, Utility Bills, Telecommunications invoices, etc.).
3. To enter the Bulk Bin Program, this application form as well as the documentation covered in Clause 1 and 2 will need to be provided.

Name: _____

Residential Address: _____

Date of Application: _____

TERMS AND CONDITIONS

1. Only one 1 x 3m³ skip bin may be made available per year to the cardholder and property;
2. The City will ascertain the bin's placement at the property mentioned above;
3. The bin will be placed onsite of the duration of 7 days, on a day and time convenient for the City or its Contractors;
4. In delivering this service, the City will not guarantee its availability to all pensioners. It will be accessed and programmed each month on a first come first served basis;
5. The Bulk Bin cannot be over-loaded (i.e. the 3m³ bin lid must remain shut). Over filled Bulk Bins will not be picked up by the contractor;
6. Only the following materials are accepted in the Bulk Bin:
 - Bicycles
 - Car Batteries
 - Fridges, Freezers
 - Green Waste
 - Televisions
 - Vehicle Parts
 - Bottles and Cans
 - Empty Drums
 - Furniture
 - Steel
 - Timber
7. Items NOT TO BE DEPOSITED:
 - Animal Carcasses
 - Asbestos containing Materials/Products (contaminated soil)
 - Flammable Liquids, Oils*
 - Live Ammunition, Gas Bottles*, Flares*
 - Poisons, Chemicals and Acids
 - Tyres

** These items can be still disposed at the Meru Waste Disposal Facility (located at Goulds Road, Narngulu WA 6530) at no cost under the Household Hazardous Waste Program.*

8. The cardholder will be solely responsible for ensuring that all the clauses above are abided by and will cover all costs associated with rectifying any issues that may arise because of any non-conformance.

Type of Concession Card: _____

Card ID Number: _____

Date of Application: _____

Applicant's Name: _____

Postal Address: _____

_____ Same as Residential Address

Phone Number: _____

Material(s) you are throwing away: _____

Collection Month required (approx.): _____

Signature: _____ Date: _____

OFFICE USE

ASSESSMENT DETAILS

Date of Application: _____

Concession Card details attached:

Yes No _____

Proof of Residency details attached:

Yes No 1. _____

2. _____

Assessment Results:

Yes No _____

Reservation Date: _____ Collection Date: _____

Phone Number: _____ Email Address: _____