



# Kerbside Collection

## Application Form for Commercial Premises

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### Business Details

Business Name: \_\_\_\_\_

Address of Business where the service is requested (street address):  
(Please check your Rates Notice to ensure accuracy with this address)

Account Number: (Found on Rates Notice) \_\_\_\_\_

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### Owner / Manager's

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Type of waste to be disposed of through the Warrnambool City Council Kerbside collection:

I hereby declare that this collection service will only be used for 'domestic' type items such as that generated from a tearoom or staffroom. All business, commercial, hazardous or medical waste will be disposed of in accordance with relevant legislation via a private service provider.

Signed \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### Please return this form

**Attention:** Waste Support Officer

**via email:** [contact@warrnambool.vic.gov.au](mailto:contact@warrnambool.vic.gov.au)

**via post:** Warrnambool City Council PO Box 198, WARRNAMBOOL VIC 3280

