



## KERBSIDE BIN PROVISION AUTHORITY FORM

Please note this form must be attached when submitting bin related requests and completed by a managing agent, an Owners Corporation or business manager of a company.

### Privacy Notification

The personal information collected is required for administering service requests related to Council's Waste Management Strategy 2018-2028, for waste collection services provided at the site you manage on behalf of the property owner/s. Intended recipients of the information are authorised Council officers and external contracted service providers. Without consent your requests may not be processed. The information will remain for Council use only and not be disclosed except as required by law or if consent is provided to do so. You may view [Council's Privacy Policy online](#) and access your information by contacting Council on 9262 6333 and asking to speak to the Waste Team.

### Purpose

This form must be attached to every waste collection related request submitted to Council, by a managing agent, an Owners Corporation, or business manager of a company. It gives the authorised representative the ability to have the bin configuration modified, by having kerbside bins delivered, retrieved or replaced at a site. The authorised representative has the authority to agree to additional fees associated with chargeable bins, on behalf of the property owner/s. **The billing of chargeable bins will default to the postal address of the authorised representative, unless specifically requested to go to the ratepayer's postal address.**

**PLEASE PRINT CLEARLY**

### Site Details

Site Details:	Individual Property Site: <input type="checkbox"/>	Shared Waste Site: <input type="checkbox"/>
	Street No/s: _____	Level: _____
	Unit No/s: _____	Street Name: _____
	Suburb: _____	Postcode: _____

### Managing Agent/Owners Corporation/Business Manager of a Company - Name and Contact Details

The authorised/delegated person you want Council to communicate with about the request.

First Name: _____	Surname: _____
Organisation/Company Name: _____	
Postal/Mailing Address: _____	
Suburb: _____	Postcode: _____
* Email: _____	*Mandatory Contact
Mobile Phone: _____	
Contact Phone: _____	

Postal address for invoicing purposes.

Please specify the billing address of the authorised representative (if different to above) or the ratepayer's postal address.

Postal/Mailing Address: _____	
Suburb: _____	Postcode: _____

### Property Owner/s - Name and Contact Details (Not applicable to Owners Corporations)

The property owner/s  
(It is assumed that all property owners are in agreement even if only 2 property owners/ratepayers are recorded on this form).

Property Owner 1:	First Name: _____	Surname: _____
Property Owner 2:	First Name: _____	Surname: _____
Company Owner Name: _____		
Postal/Mailing Address: _____		
Suburb: _____	Postcode: _____	
Email: _____		
Mobile Phone: _____		
Contact Phone: _____		

## Declaration – Complete either Part A OR Part B

Only the authorised representative can sign.

### A. Managing Agent/Business Manager of a Company:

I declare that I am the managing agent or the business manager of a company. I have notified the property owner regarding this request and all the information in this form is true and correct. As an estate agent, the exclusive leasing and managing authority form has also been attached to this request.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Managing Agent:  Business Manager:

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

Signature:

X

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Owners Corporation representative, president, secretary or treasurer must sign on behalf of the Owners Corporation.

### B. Owners Corporation Representative:

I declare that I am the authorised representative of the Owners Corporation and accept responsibility that the information in this form is true and correct and have notified or acquired permission of all property owners and tenants, in relation to modifications with the kerbside waste arrangements.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Authorised Representative:  President:  Treasurer:  Secretary:

Owners Corporation Name: \_\_\_\_\_

Owners Corporation Number: \_\_\_\_\_

Signature:

X

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Form Lodgement

Attach the completed and signed form when submitting a waste collection related request:

**Website:** (Council's preferred option)

[www.whitehorse.vic.gov.au/request-bin](http://www.whitehorse.vic.gov.au/request-bin)

**Mail:**

**Whitehorse City Council**

**Locked Bag 2, Nunawading Delivery Centre VIC 3131**

**In Person:**

**Whitehorse Civic Centre**

379-397 Whitehorse Road, Nunawading

Weekdays 8:40 am to 5 pm

**Box Hill Town Hall**

1022 Whitehorse Road, Box Hill

Weekdays 9 am to 5 pm

**Forest Hill**

Level 2 (Shop 275), Forest Hill Chase

Shopping Centre, Forest Hill

Weekdays 9 am to 5 pm

### PLEASE NOTE:

Inaccurate or incomplete information may result in your request being delayed or refused.

Enquiries: (03) 9262 6333 | Email: [customer.service@whitehorse.vic.gov.au](mailto:customer.service@whitehorse.vic.gov.au)