

## APPLICATION TO PLACE WASTE SKIP ON PUBLIC LAND

Under section 68 C3 of the *Local Government Act 1993*

APPLICANT DETAILS			
Title:	Given Name(s)	Surname / Last Name	
Mr/Mrs/Ms/ Other:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Company name:	<input style="width: 100%;" type="text"/>		
Contact Address:			
Unit	/	House Number	
<input style="width: 50px;" type="text"/>	/	<input style="width: 50px;" type="text"/> - <input style="width: 50px;" type="text"/>	
Street or PO Box:	<input style="width: 100%;" type="text"/>		
Suburb:	<input style="width: 100%;" type="text"/>	State:	<input style="width: 50px;" type="text"/> Postcode: <input style="width: 50px;" type="text"/>
*Day time Phone:	<input style="width: 100%;" type="text"/>	*Fax:	<input style="width: 100%;" type="text"/> *Mobile: <input style="width: 100%;" type="text"/>
*Email:	<input style="width: 100%;" type="text"/>		
Method of Payment (please tick): <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (complete section below if credit cardholder is not the applicant).			
The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the funds.			
Cardholder's Printed Name _____		_____ (Date)	
Cardholder's Signature _____			
<i>*Voluntary information only. (Assists with timely processing of your application. See Privacy and Personal Information Act statement)</i>			

PROPERTY DETAILS	
I, hereby make application to place a waste skip on the road or nature strip in front of:	
Property address: _____	
Related to Development Application: Yes / No    Application No. _____/20____ / _____	
From: _____ To: _____ (Days): _____	
Property Owner: _____	
Phone: (Bus) _____ (Private) _____ (Mobile) _____	

OFFICE USE ONLY		
Receipt No.: _____	Date: _____	Amount: \$ _____

**FEES AND PAYMENT**

Skip Supplier (From Council approved listing) \_\_\_\_\_

Bin size:	First week	Second and subsequent week	
<input type="checkbox"/> 2m <sup>3</sup>	\$22.00 per day	\$32.00 per day	\$ _____
<input type="checkbox"/> > 2m <sup>3</sup> - 6m <sup>3</sup>	\$42.00 per day	\$52.00 per day	\$ _____
<input type="checkbox"/> Urgency Fee*		\$70.00	\$ _____
(response within three working days)			<b>TOTAL: \$ _____</b>



**PRIVACY AND PERSONAL INFORMATION PROTECTION ACT, 1998**

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (\*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

**CONDITIONS**

I hereby:

- Agree not to place a skip on the nature strip or roadway (within parking lane) unless the Council's Approval Notice has been fixed on the side of the waste bin facing the roadway and acknowledge that if this does not occur or the bin remains on public land after the expiry date on the Notice I will be in breach of the Approval and liable for issue of an on-the-spot infringement notice.
- Agree only to use a Council authorised bin provider. See attached list.
- Accept full responsibility for public safety and injury to any person or property which may occur as a result of the delivery, removal or occupancy of the bin on or from the public land.
- Advise that the waste is builders/household/commercial (delete as applicable).

**DECLARATION**

The details provided by me are correct and I have read and understand all information provided in this application.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

## LODGEMENT INFORMATION

### **Method of Lodgement**

It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction, to avoid time lost in the event of incomplete applications and the need to return them by post.

**For privacy and security reasons payment is prohibited by credit card via email transmission.**

Applications that are lodged by post should be addressed to The General Manager at:

PO Box 211 SPIT JUNCTION NSW 2088

Fax: 02 9978 4299

### **Further Information**

If you require further information on completing this form, Council may be contacted on 9978 4000 between 8.30am and 5.00pm Monday to Friday or by visiting Councils website at: [www.mosman.nsw.gov.au](http://www.mosman.nsw.gov.au)

## APPROVED COMPANIES FOR PLACING OF MINI SKIPS ON COUNCIL PROPERTY/ROADS/RESERVES

1.	<b>AAA Flash Bins</b> PO Box 5042 ELANORA HEIGHTS NSW 2102 Contact Name: Brett Winston	Phone: Fax:	9913 3577 9970 5441
2.	<b>Action Bins Pty Limited</b> 35 Oceanview Avenue VAUCLUSE NSW 2030 Contact Name: Yori Foyer	Phone: Fax:	9388 7888 9700 1463
3.	<b>Alltypes of Rubish</b> Suite 1, Level 1, 88 Bourke Street WATERLOO NSW 2017 Contact Name: Mark Reimer	Phone: Fax:	1800 806 046 9319 2524
4.	<b>Bingo Waste Bins</b> PO Box 7 ENFIELD NSW 2136 Contact Name: Mary Tartar	Phone: Fax:	9737 0308 1300 4BINGO 9737 0351
5.	<b>Brown Bros</b> PO Box 39 AVALON BEACH NSW 2107 Contact Name: Wayne Brown, Partner	Phone:	9918 2483
6.	<b>Collex Handiskips</b> 17 Water Street ENFIELD NSW 2136 Contact Name: Scott Bond	Phone: Fax:	9550 1877 9642 4183
7.	<b>Collex Waste Management Pty. Ltd</b> 17-19 Water Street ENFIELD NSW 2136 Contact Name: Rob Hogan	Phone: Fax:	9642 6977 9642 4183
8.	<b>Dats Skip Bins</b> PO Box 270 FRENCHS FOREST NSW 2086 or 12 Bolta Place CROMER NSW 2099 Contact Name: Kent Grundy, Partner	Phone: Fax:	1300 654 334 9981 2011
9.	<b>Dial A Dump Pty Ltd</b> 32 Burrows Road ALEXANDRIA NSW 2015 Contact Name: Ian Malouf	Phone: Fax:	9519 9999 9516 5559
10.	<b>Dumpers (Daimex Pty Limited)</b> 29 Dakara Drive FRENCHS FOREST NSW 2086 Contact Name: David Bradley	Phone: Fax:	9975 2555 9452 5414
11.	<b>Empire Waste</b> 33 Byrne Crescent MAROUBRA NSW 2035 Contact Name: Dean Baldwin, Director	Phone: Fax:	9311 4745 9661 5525
12.	<b>Instant Rubbish Removals Pty Ltd</b> PO Box 799 CROWS NEST NSW 2065 Contact Name: Richard Stanistreet	Phone: Fax:	9438 4177 9438 5767
13.	<b>Just Skip Bins Pty Ltd</b> Unit K-3B, 12 Pike Street RYDALMERE NSW 2116 Contact Name: Chris Hawken	Phone: Mobile: Fax:	9944 6069 0412 898 545 9944 6763

<b>14.</b>	<b>Kartaway Mini Skips</b> PO Box 255 GREENACRE NSW 2190 Contact Name: David Lynch	Phone: Mobile: Fax:	9755 2122 0418 220 259 9755 3772
<b>15.</b>	<b>Phillips Skip Bins Pty Ltd</b> <b>15-19 Robert Street</b> <b>HOLROYD NSW 2142</b> Contact Name: Nick Phillips	Phone: Fax: Mobile:	9760 5999 9760 5995 0404 559 955
<b>16.</b>	<b>Reefway Rubbish Contractors</b> 3/7 O'Riordan Street ALEXANDRIA NSW 2015 Contact Name: Mike Burns	Phone: Fax:	9310 5311 9689 9449
<b>17.</b>	<b>Skips North Shore (Holdings) Pty Ltd</b> 29A Watts Road RYDE NSW 2112 Contact Name: Andrew & Denis Male	Phone: Fax:	9449 8832 9878 2283
<b>18.</b>	<b>Waste Recyclers Pty Ltd</b> 49A Carrington Road MARRICKVILLE NSW 2204 Contact Name: George Kolistasis	Phone: Fax:	9559 1833 9559 5152
<b>19.</b>	<b>Whelan Kartaway Miniskips Pty Ltd</b> 21-25 Day Street LANSDALE NSW 2166 Contact Name: David Lynch	Phone: Fax:	9755 2122 9755 3772
<b>20.</b>	<b>Ku Ring Gai Skip Bins</b> Po Box 833 ST IVES NSW 2075 Contact Name: Jamie Greenwood	Phone: Fax:	0488 444 554

# CREDIT CARD AUTHORITY FORM

**This form is to be submitted in conjunction with the application form.**

**Refer to application form for Method of Lodgement**

**This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council.**

**Credit Card Details - Council Payment Fax No. (02) 9978 4299**

**This form cannot be emailed to Council.**

Please charge my  American Express  Master Card  Visa

Card number

Card holder's name  Expiry Date  /

Amount \$  Phone (  )  daytime

Signature

**Please note that American Express, Master Card and VISA incur a 1% service fee.**

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