

Manual Waste Service – Application for Service and Indemnity



Application Requirements

Medical Certificate from GP advising reason resident unable to put bins out and duration of manual servicing.

Note: Ongoing service requires updated Medical Certificate each financial year.

Applicant Details

Title: Mr Mrs Ms Miss

Given name(s)

Surname

Residential address

Suburb

Postcode

Phone (W) (H)

Mobile

Email address

Property Address

Residential address

Suburb

Postcode

Information Required

Medical certificate attached

Declaration

I/We request a manual service for Domestic Waste collection on the above property.

I/We have supplied a Medical Certificate from a GP as per application requirements.

I/We give Redland City Council permission to enter the property for the purpose of emptying waste bins (*including recycling and green waste bins*) and returning such waste bins to a designated location, on property.

I/We hereby indemnify and agree to keep indemnified the Redland City Council, its contractors including employees and agents of either in respect of the whole amount of any liability, claims, demands, costs and expenses made against any of them or incurred by any of them in respect of any damage on the property while undertaking the manual service of the bins.

Applicants signature

Date

Office Use Only

Property

CRWR no.

CSC initial

Medical certificate attached

Date:

CSWS008 – 05/01/2015