



## APPLICATION FOR TRADE WASTE ADDITIONAL COLLECTION

*This application form needs to be completed and forwarded to Council if you require an additional collection of your trade waste bin on day other than what was established in your agreement*

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### APPLICANT DETAILS

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

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

Service Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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### BIN DETAILS

Please select your bin size:

1.5m<sup>3</sup>

2m<sup>3</sup>

5m<sup>3</sup>

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### COLLECTION DETAILS

Please select the day you wish to have your bin emptied:

Mon

Wed

Fri

Date of collection: \_\_\_\_\_

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### AUTHORISATION

Applicant Signature: \_\_\_\_\_

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

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### PLEASE FAX THIS APPLICATION TO:

Cobar Shire Council  
36 Linsley Street  
COBAR NSW 2835

**FAX NUMBER: (02) 6836 5889**