

Application for Extra Bin Capacity

Medical Exemption Form

This form is for use by households that have a demonstrable need for extra bin capacity for medical reasons. Council will provide a large 360 litre recycling collection service OR a large 240 litre garbage collection service at no extra cost to the current service for applicants that meet the requirements.



PROPERTY DETAILS

Unit/Flat No.	Street No.			
Street Name				
Suburb	State		Postcode	
Mailing Address If different to above				
	State		Postcode	

PROPERTY OCCUPIER

Name				
Contact number				
Email				

BIN REQUIREMENT

I require the following (please tick one box only) increased bin capacity instead of the standard 140L garbage bin or 240L recycling bin:

240L litre garbage bin

360 litre recycling bin

If your unavoidable waste materials are cardboard or plastic containers please consider a larger recycling bin instead of a larger garbage bin.

MEDICAL HEALTH CARE PROFESSIONAL TO COMPLETE THIS SECTION

Medical Professional's Name				Position/Role	
Practice Name					
Practice Address					
Suburb	State		Postcode		
Practice Contact Details	Phone		Email		

I can confirm that the above person, as identified on this form, has a medical condition which leads to significant unavoidable waste which requires extra bin capacity. I have completed all my contact details above and understand that a Council officer may contact me to confirm this declaration.

Signature

Date

TERMS AND CONDITIONS

I/we, being the owner/s of the subject property:

- Acknowledge that any mobile garbage and/or recycling bin/s supplied by Council will always remain the property of the Council and must not be removed from the subject property.
 - Understand that I/we, am/are responsible for maintaining the mobile garbage and/or recycling bin/s and ensure it is in a clean and sanitary condition at all times.
 - Acknowledge that, I/we am/are responsible for the full cost of replacement (as determined by Council) should the mobile garbage and/or recycling bin/s, supplied by
- Council be lost, damaged or stolen (other than during the twelve hours prior to and including the normal day of service).
- I understand that I/we will be required to submit an application annually to continue to receive a medical exemption waste service.
 - I/we understand that I/we will be contacted by Council at the appropriate time with a reminder to submit an application. If the forms are not received by the given deadline, the larger bin will be returned to the original size.

Signature

Date

SUBMIT FORM

STATUTORY DECLARATION

OATHS ACT 1900, NSW, NINTH SCHEDULE

I _____ of _____
[name of declarant] [residence]

do hereby solemnly declare and affirm that the extra bin capacity for which I have applied above is required because an occupant of at this address has a medical condition that leads to significant unavoidable waste which requires that extra capacity (as confirmed by the medical health care professional above).

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made - and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: _____ **on:** _____
[place] [date]

[signature of declarant]

in the presence of an authorised witness, who states:

I, _____ a, _____
[name of authorised witness] [qualification of authorised witness]

Certify the following matters concerning the making of this statutory declaration by the person who made it:
[please select the one that applies]

1. I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document I relied on was

[describe identification document relied on]

[signature of authorised witness]

[date]

HEALTH INFORMATION AND PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE

The personal information that Council is collecting from you is personal and health information for the purposes of the Privacy and Personal Information Protection Act 1998 (NSW) (PPIPAA) and Health Records and Information Privacy Act 2002 (NSW) (HRIPA).

Intended Recipients: The intended recipients of the personal information are Council officers who assess this application.

Reason for collection: For delivery of waste and recycling services within the Blue Mountains LGA.

Supply: The supply of information by you is voluntary, however a completed form is required for the delivery and management of waste services to your property.

Access and Correction: You may request access to the information that the Council holds. We will provide you with that access, without excessive delay or expense, upon your request. You may request us to make appropriate amendments to the information that we hold and we will promptly deal with any such request in accordance with the applicable legislation .

Storage: The Council is the agency that holds and controls the information. The Council will take such security safeguards as are reasonable in the circumstances to protect the information, including the storage of the information in a secure file, and will dispose of the information in accordance with the applicable legislation.

Enquiries: Contact the Privacy Information Officer on **4780 5000** for any information enquiries.