



Cowra Shire Council  
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## Application for Replacement / Repair of Damaged Mobile Garbage Bin / Recycling Bin

I, being the owner/occupier (*please circle*) of the property described below, hereby make application for replacement/repair of a Mobile Garbage Bin / Recycling Bin as follows:

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Lot/s: \_\_\_\_\_ Sec: \_\_\_\_\_ Portion: \_\_\_\_\_ D.P.: \_\_\_\_\_

House No.: \_\_\_\_\_ Street / Road Name: \_\_\_\_\_

Town / Village Name: \_\_\_\_\_ Rate Assessment No.: \_\_\_\_\_

Damage Sustained: \_\_\_\_\_

How was the bin damaged: \_\_\_\_\_

Date bin was damaged: \_\_\_\_\_

Please indicate Replacement or Repair of Bin (please tick):

- Replacement of bin  
 Repair – type of repair required. \_\_\_\_\_

Please indicate the size of Mobile Garbage Bin (please tick):

- Mobile Garbage Bins:  
 120L - \$90.00  240L - \$90.00

- Replacement Recycling Bin:  
 240L - \$90.00

.....  
**Applicant's Signature**

**Date**

### PLEASE NOTE - Conditions of Mobile Garbage Bin/Recycling Bin Service

- Replacement bin cost is the responsibility of the resident or owner.
- Bin collection is as per Council's specified route or specified collection points as notified by the Waste Operations Supervisor.

### Office Use Only

Serial No of damaged bin: _____	Registration Date: _____
Serial No of replacement bin: _____	Document No: _____
Operator: _____	Officer Initial: _____
Date MRF notified: _____	Disposal
Date entered into spreadsheet: _____	2 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> S/A <input type="checkbox"/>

Receipt Type: T46

July 2023