

Event Waste Collection Application 2024-2025

*Mandatory Fields

| 1. Event Details (a quote will be prepared and submitted to this contact for acceptance) | | |
|--|--|--|
| Event Name* | | |
| | | |
| Event address* | | |
| | | |
| Event Organiser Name (applicant name)* | | |
| | | |
| Event Date* | | |
| | | |
| Telephone* | mail Address* | |
| | | |
| Contact Name* Position Title* | | |
| Contact Name | osition fitte | |
| | | |
| 2. Waste Collection Request Details & | Costs | |
| Showground Owned Bins* Kerbside collect | tion Thursday Morning Only (\$7.50 per bin empty - min | |
| charge 6 bins = \$45.00) | Cost | |
| General Waste (Red Bins) \square Yes \square No | Number for collection \$ | |
| Base disas Marta (Valla Bisa) El Vas El Na | N. other for collection | |
| Recycling Waste (Yellow Bins) ☐ Yes ☐ No | Number for collection \$ | |
| Showground Owned Bins* Manual collecti | on NOT on a Thursday (\$31.00 per bin empty- min charge | |
| 6 bins \$186.00) | Cost | |
| General Waste (Red Bins) ☐ Yes ☐ No | Number for collection \$ | |
| Pagualing Wasta (Vallaus Bins) ☐ Vas ☐ Na | Number for collection | |
| Recycling Waste (Yellow Bins) ☐ Yes ☐ No | Number for collection \$ | |
| Hire Council Owned Bins* (\$8.00 per bin - min h | ire 6 bins + \$7.50 or \$31.00 per bin empty charge - depending on | |
| collection day requested or \$5.25 per bin empty if waste | · · · | |
| Note: Replacement bin fee shall apply for damaged | | |
| General Waste (Red Bins) ☐ Yes ☐ No | Number for hire (min 6 - max 30) \$ | |
| | General Waste Hire Bin Empty Cost \$ | |
| Recycling Waste (Vollow Bins) ☐ Vos ☐ No | | |
| Recycling Waste (Yellow Bins) ☐ Yes ☐ No | Number for hire (min 6 - max 30) \$ | |
| | Recycling Waste Hire Bin Empty Cost \$ | |

Total Bins*

| General Waste (Red Bins) ☐ Yes ☐ No | Number for collection \$ | |
|---|--------------------------|--|
| Recycling Waste (Yellow Bins) ☐ Yes ☐ No | Number for collection \$ | |
| Requested Collection Day(s)* Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday □ | | |
| Note: All bins requiring collection will need to be placed <u>outside</u> the Showground entrance on the roadside by 6:30am on the collection day. Bins shall be either emptied at this point or taken to Councils Waste Depot and returned to the same location by Council; depending on if kerbside collection or manual collection is selected by the applicant. | | |
| 3. Invoice Details | | |
| Business Name (if applicable) | | |
| Postal Address* | | |
| Contact Name* Em | ail Address* | |
| | an / taal ess | |
| Telephone* AB | N | |
| | | |
| 4. Signature of Applicant & Authorisation | | |
| On behalf of the event nominated in this application, I certify that the information provided in this form is true and correct, in particular, I declare that I am authorised to request this service from Walcha Council for the above named event. | | |
| Name* Position | on Title* | |
| | | |
| Telephone* Email | Address* | |
| | | |
| Signature* | Date* | |
| Fully completed Event Waste Collection Application form must be emailed to Walcha Council via council@walcha.nsw.gov.au at least 28 days in advance of event | | |
| commencement. Any questions please call 02 6774 2500 | | |
| 5. Office Use Only | | |
| ☐ Approved ☐ Not Approved | Date: | |
| | | |
| Signature & Position Title of Approving Officer: | | |
| Total cost for quotation \$ | | |
| Quote reviewed and approved \square | | |