



Office use only: _«refno»
Date:
WA suggested: Y N
360 issued: Y N

ASSISTED COLLECTION APPLICATION FORM

APPLICANT NAME:	TELEPHONE NUMBER:
ADDRESS:	Please tick box as required <input type="checkbox"/> I require help with my refuse <input type="checkbox"/> I require help with my garden waste bin <input type="checkbox"/> I require help with my blue box, white sack and/or clear sack.
PLEASE STATE YOUR REASON FOR REQUESTING ASSISTANCE:	
1. IS THERE ANYONE IN YOUR HOUSEHOLD WHO COULD HELP YOU WITH THE COLLECTION?	
2. IS THERE ANYONE NEARBY WHO COULD HELP YOU WITH YOUR COLLECTION?	
PLEASE STATE WHERE YOU WOULD LIKE TO LEAVE YOUR:	
REFUSE BIN:
GARDEN BIN:
BLUE BOX, WHITE SACK & CLEAR SACK:

Declaration:

By signing this request for assistance you are agreeing to the following statement:

**ALL MEMBERS OF MY FAMILY LIVING AT THE PROPERTY ARE
INCAPABLE OF PRESENTING CONTAINERS AT THE KERBSIDE
AS PART OF THE USUAL COLLECTION SCHEME**

**I AGREE TO INFORM THE COUNCIL IF
I NO LONGER NEED ASSISTANCE WITH MY CONTAINERS**

If at any time in the future you or any member of your family is found to be capable of presenting your containers at the kerbside or other agreed collection point, then the Council has the right to remove you from the assisted collection list.

SIGNATURE:

DATE:

The Information we are collecting will be used solely for this purpose and in accordance with the Data Protection Act 1998.