

# Application for extra bin capacity

## Medical exemption form



This form is for households that can demonstrate a 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 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 increased bin capacity instead of the standard 140L garbage bin or 240L recycling bin (please tick one box only):

 **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				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.

<b>Signature</b>		<b>Date</b>	
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### TERMS AND CONDITIONS

#### I/we, being the occupants of the subject property:

- Acknowledge that any mobile garbage and/or recycling bin/s supplied by Council will always remain the property of 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 ensuring 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) if the mobile garbage and/or recycling bin/s, supplied by Council are lost, damaged or stolen (other than during the twelve hours before 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.

<b>Signature</b>		<b>Date</b>	
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Please ensure all required information on this form is **fully completed** and return it to Council's **Waste and Resource Management Coordinator** by one of the following ways:

**Email:** clicking the 'submit form' button above | **Post:** Locked Bag 1005, Katoomba 2780 | **Hand deliver:** Council's Katoomba or Springwood Office

# 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 (on the previous page) is required because the occupant of 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 on the previous page).

**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]*

- 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
- 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) (PPIPA)* 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 make a request to access the information that Council holds. We will provide you with that access, without 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:** Council is the agency that holds and controls the information. 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.

