

**Note: This application is not an approval. Council will undertake an inspection of the site to consider the placement of the bin. Approval and instructions will be given at that time.**

Return completed forms to: Strathfield Council, PO Box 120, STRATHFIELD NSW 2135, fax: (02) 9764 1034, in person: 65 Homebush Road, Strathfield or email: [council@strathfield.nsw.gov.au](mailto:council@strathfield.nsw.gov.au). Council can be contacted on (02) 9748 9999, website: [www.strathfield.nsw.gov.au](http://www.strathfield.nsw.gov.au). ABN No: 52 719 940 264

## APPLICANT INFORMATION

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Applicant name \_\_\_\_\_

Address \_\_\_\_\_

Site address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Proposed Bin Supplier \_\_\_\_\_

Bin size in cubic metres \_\_\_\_\_

Reason for bin not being placed in private Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of days bin will be on site (note a payment of \$15.50 per day is payable) \_\_\_\_\_ Proposed start date: \_\_\_\_\_

## PUBLIC LIABILITY INSURANCE

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A copy of the company's public liability insurance must be submitted with this application (value to exceed \$10 million and must be current)

	Yes	No
Is a copy of the Public Liability Insurance policy attached?	<input type="checkbox"/>	<input type="checkbox"/>

## PRIVACY STATEMENT AND APPLICANT SIGNATURE

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I acknowledge that the information provided on this form is accurate.

Privacy Statement: The personal information requested on this form is required for purposes of assessing and determining the application for use of a skip bin in accordance with legislative requirements. Supply of information is voluntary but Council may not be able to process this application without supply of information. Information provided on this form may accessible to the public through access to information provisions. Council is the agency which holds this information. You may make application for access or amendment to information held by Council. You may also request Council to suppress your personal information from a public register.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SITE DRAWING**

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**OFFICE USE ONLY SECTION**

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**Checklist**

**Yes**

**No**

- Copy of the public liability insurance is attached
- Letter sent to applicant
- Rangers notified to carry out inspections

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Application Fee \$

Daily fee x number of days required \$

Receipt # \_\_\_\_\_ Total Paid \$ \_\_\_\_\_

Site inspected by \_\_\_\_\_ Date \_\_\_\_\_

Comments & instructions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_