



**BOROONDARA**  
*City of Harmony*

## **APPLICATION FOR WASTE BIN CONCESSION**

To be eligible to receive a concession, please fill out the necessary information below. Each application will be treated in the strictest confidence. I/we require a 240 litre waste bin concession for:

### **Medical usage**

*Please specify below the nature of the medical condition and attach a note from your doctor indicating that you need to dispose of substantial additional waste for medical reasons*

**The particulars included are true and correct. I acknowledge that the 240 litre waste bin concession rate will be revoked if I become ineligible.**

I/we (*print name*),

being the ratepayer at  
(*print address*),

request to be considered for the concessional 240 litre waste bin charge.

Signature:

Property Number  
(*from your Annual Valuation and Rates Notice*):

Phone no.

***Please return this form to Council via email attachment to [boroondara@boroondara.vic.gov.au](mailto:boroondara@boroondara.vic.gov.au)***

The personal information collected may be disclosed to third parties engaged by Council to assist in the coordination of Council's waste management services and will not otherwise be disclosed unless required by law. The applicant understands that the personal information is provided to enable Council to coordinate its waste management services and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.