

## Address all correspondence to:

The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia shoalhaven.nsw.gov.au/contact | 1300 293 111

# Application for Wheel Out - Wheel In Residential Waste Bin Service

City Services

## Guidance

As a resident of a property receiving Council's domestic waste and recycling collection services you may be eligible for a **Wheel Out - Wheel In** add-on service. The add-on is primarily for circumstances where you are not reasonably able to move bins to and from the kerb for collections and have no option for others to do so. Council's collection contractor can access a pre-agreed location on a property at the time of servicing to bring bins to the kerb from the property, service the bins, and return the bins to that location.

There are two options available:

# 1. Residents with restricted mobility (primary option)

Persons unable to mobilise safely, and who have no other persons to wheel bins to the kerb on their behalf, must have this application signed by a registered **medical specialist**. Council's contractor will assess the designated location of the bins and the process to wheel them to and from the kerb. Once assessed as adequate, and authorised by relevant Council staff, the cost for the restricted mobility add-on service is a nominal **\$15**\* per annum.

## 2. Other residents

Owners of properties with insufficient space available at the kerb (e.g., some multi-unit dwellings), or who normally reside in a different location to their property, may apply for 'Wheel Out - Wheel In' services. Council's contractor will assess the designated location of the bins and the process to wheel them to and from the kerb. If assessed as adequate, and if authorised by relevant Council staff on a need basis, the cost for the add-on service is \$251\* per annum.

Please note that 'Wheel Out - Wheel In' add-on charges are in addition to the ratepayer's normal domestic waste management charges and must therefore be agreed by the property owner.

### **Process**

Once your application is received a Council Officer will contact you within 10 business days to discuss your application. Part of the approval process is to arrange an on-site property inspection. The inspection will enable Council and its collection contractor to evaluate whether safe entry to the property and safe work practices can be performed. Please note that if a safe bin retrieval and return location cannot be agreed to, the add-on service will not be made available for the property.

**TENANTS:** If you are a tenant, you will need to complete **step 5** after obtaining your supporting medical advice at **step 4**, and subsequently provide the form to the owner or the owner's authorised representative for them to agree to the possible provision of the service by their completion of **step 6** and submission of this form on your behalf.

Office Use Only				
Related Policies: Annual DPOP Fees & Charges	Owned by (department): Waste Services			
Form Number: 479 (FM23/32)	Review Date: 30/06/2024			

<sup>\*</sup>The above charges are for the 2023/24 financial year, are subject to change on 1 July each year, and will be levied on the rates account for the property address listed by the applicant from the date of the first service on a pro-rata basis until change of property ownership or the property owner requests to stop the service.

1. Property owner details					
□ Mr □ Mrs □ Ms □ Other:					
First name: La	ast name:				
Business or company name (if applicable):					
Position held (if applicable):					
Street address - Unit / street no.: St	treet name:				
Suburb / town / village / locality:					
State: Po	ostcode:				
Postal address (if different from residential) - Unit / street no. / PO box:					
Street name:					
Suburb / town / village / locality:					
State: Po	ostcode:				
E-mail:					
Mobile: Home:	Business:				
2. Property requiring the service					
Unit / street no.: Street name: _					
Suburb / town / village / locality:					
State: Postcode:					
Lot: DP:					
3. Available options (please tick applicability)					
Option 1. Resident(s) with restricted mobility:	□ Yes □ No				
Option 2. Other resident(s): ☐ Insufficient	kerbside space ☐ Reside in a different location				
State: Postcode:					
ot: DP:					
4. Supporting medical advice for option 1	(Medical specialist – e.g., specialist in general practice)				
I hereby declare that in my specialist opinion the waste bins on the kerb (or other agreed location)	Applicant named in step 5 is incapable of placing their for weekly/fortnightly collection.				
Title: Name:					
Speciality and registration number:					
Business address:					
Contact phone no:					
Signature:	Date:				

5. Applicant decla	ration			
I hereby declare all the information provided in this application is true and correct, that I am incapable of placing and retrieving my waste/recycling bins in and from the required position for servicing, and that I am not able to reasonably engage another person to capably perform this task on my behalf.				
Applicant name:		Telephone: _		
Applicant signature: _		Date:		
6. Property owner indemnity declaration				
I authorise Shoalhaven City Council and its waste and recycling collection services contractor (collection contractor) to enter my property and indemnify and hold harmless Shoalhaven City Council and its collection contractor from any claims, lawsuits, causes of action, loss, damage or injury to my property in connection with the provision of these services by Shoalhaven City Council and its collection contractor to me. This includes, but is not limited to, the movement of waste (red lid bin) and recycling (yellow lid bin) materials by the collection contractor's staff at the above property.				
Name:				
Signature:		Date:		
7. Lodgement det				
Please lodge the com	pleted application via e-ma	il or in person as follows:		
e-mail: in person:	wasteadmin@shoalhaven. Council offices at Bridge R	. <u>nsw.gov.au</u> d, Nowra, or Deering St, Ulladu	ılla.	
Once your application is received a Waste Administration Officer will contact you within 14 days to discuss your application.				
Office Use Only				
PID Number:	Date property inspec	tion complete:	Ref:	
Comments (bin location, number bins, dogs, gradient, obstacles, directions):				

### **Privacy & Public Access to Information**

Service add-on commencement date:

Name:

Information supplied on this form will be managed in accordance with <u>Council's Privacy Management Plan</u>, Public Access to <u>Council Information Policy</u> and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the <u>Government Information (Public Access) Act 2009</u> (GIPA Act) unless there is an overriding public interest against disclosure of this information. Further information on privacy and public access to information can be found on <u>Council's website</u>.

Date:

Signature:

The supply of personal information by you is voluntary. However, if you cannot provide or do not wish to provide the information required, Council will be unable to process your application. You may make application for access to, or amendment of, information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the relevant legislation. Enquiries concerning this matter can be addressed to Council by telephoning 1300 293 111.