

FORM 1 WHEELED BIN REFUSE COLLECTION SERVICE EXEMPTION FROM PRESENTATION APPLICATION

Name of Application .....

Address .....

.....

..... Post Code .....

Telephone No (if any) .....

Date of Birth ..... Age ..... Yrs

Registered Disabled YES/NO\*

Reason for Seeking Exemption: .....

.....

.....

.....

Other Occupants:

Name	Date of Birth	Age	Disability
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

PLEASE SELECT IF YOU ARE ON WHEELED BIN OR SACK COLLECTION

WHEELED BIN ..... SACK COLLECTION .....

FOR OFFICE USE ONLY

OFFICE COMMENTS .....

.....

.....

EXPIRY DATE: .....

OFFICE SIGNATURE: .....

DATE: .....

120/240/360 PULL OUT/SACKS ENTERED ON SYSTEM.....