



Shire of Christmas Island Request for Special Event Waste Collection Service

Premises Address	Event:
_____	_____

Person Making Request	Billing Name _____
Phone No. _____	Address for Invoicing _____
Mobile _____	_____
Fax _____	Date of Request _____

Requested Service			
Type of Bin:	MGB ("Sulo")	Skip	Date of Start of Event
Number of Bins			Date of End of Event
Estimated Number of Collections			Preferred Location of Bin(s)

Declaration

I hereby apply for a credit account with the Shire of Christmas Island for the purposes of the supply and collection of bins from the nominated premises and I agree to abide by the terms and conditions as set out below and I declare the information provided on this form is true in every respect.

Signed _____
Director/Public Officer/Authorised Person

Terms & Conditions:

1. All outstanding waste collection fees will be the subject of payment by the account holder in arrears. Invoices for outstanding amounts will be sent out once service is completed.
2. Fees payable are those as gazetted.
3. Accounts are to be settled within 30 days of date of invoice.
4. The waste receptacle remains the property of the Shire of Christmas Island.
5. The waste receptacle is not to be misused in any way and is to be kept in such a way that avoids damage.
6. Where it is considered the receptacle has been damaged or lost due to the negligence of the account holder, the Shire of Christmas Island will seek the costs of repair or replacement from the account holder.
7. Where a receptacle is stolen it must be reported to the Police immediately.
8. The receptacle is not to be removed from the premises.
9. The receptacle shall be kept on the premises at all times.
10. The receptacle is to be kept clean and serviceable condition at all times and shall otherwise only be kept and used in accordance with the Christmas Island Health Local Laws 2000.
11. These terms and conditions may be subject to change.

(The account holder is the person, organisation or company applying for this account and to whom billing is sent.)

office use

counter staff	fee	\$	GL code	1015540
date received	amount paid	\$	receipt no.	

waste services staff	date delivered		i.d. number(s)
date received	date(s) collected		
			records updated