Application for an Assisted Collection Service for rubbish and recycling

## Request help with your rubbish and recycling collection

*Required information* **\***

**Where help is needed?**

Address\*

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|  |

**Who requires help?**

First Name **\***

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|  |

Last Name **\***

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| --- |
|  |

Phone **\***

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|  |

Email

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**Why is help needed? \***

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Attach supporting documentation (e.g. medical certificate)\*

**What other community support is being provided at this address (e.g. cleaner, gardener)?**

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**Who can we contact if we are unable to contact the person requiring assistance?**

First name**\***

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| --- |
|  |

Last name**\***

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|  |

Phone**\***

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## Terms and conditions

**Acceptance conditions**

* In providing the Assisted Collection Service for rubbish and recycling, neither the Council nor the Council’s contractor will be liable for any damage or loss that may be incurred as a consequence of providing this service.
* The contractor shall have unimpeded access, for the purposes of bin collection, to the property.
* An accessible location for the rubbish and recycling wheelie bins shall be provided by the applicant. The location shall be subject to the approval by the collection contractor and shall not be shifted without the approval of the collection contractor.
* Any threatening or inappropriate behaviour (human or animal) towards the collection contractor may lead to the Assisted Collection Service being withdrawn.
* When you no longer require this service or move address, contact Council on (03) 441 0499 (Queenstown) or 03 443 0024 (Wanaka).
* An annual review of your circumstances will be completed

Note: If your property is located on a private road the Assisted Collection Service may not be available.

**Declaration**

* I confirm there is no one within the household who is capable of assisting with rubbish and recycling collection.
* I confirm there is no community support being provided to the household that can assist with rubbish and recycling collection.
* I have attached supporting documentation (e.g. medical certificate)
* I authorise Queenstown Lakes District Council to complete all the checks required to verify that I should receive an Assisted Collection Service for rubbish and recycling. This will include assessing the feasibility for this service being provided at this location, as well as conducting an annual review of your circumstances

Terms and conditions\*

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I have read and agree with the terms and conditions.

Signature

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Date

|  |
| --- |
|  |

(day/month/year)

FOR OFFICE USE ONLY

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| --- |
| Criteria met: |
| Commencement date: |
| Applicant advised of outcome: |