

APPLICATION FORM

MONTHLY HOUSEHOLD RECYCLING PICK-UP SERVICE

Service for persons unable to use the
'SaveMart' Recycling Drop-off Centre in Peat Street

Your Details

Surname _____ First Name(s) _____

Residential Address _____

Postal Address _____

Phone _____ e-mail address _____

Are You:

Please tick

- Committed to recycling on a monthly basis? Yes No
- Living in the urban area? Yes No
- Able to get recyclables to the gate, once a month? Yes No
- Unable to use the Recycling Drop Off Centre in Peat Street? Yes No

Please give reason why you or your household are **unable** to use the 'SaveMart' Recycling Drop Off Centre.

Household does not have a car.

I have a physical disability which prevents me and my household from using the Peat Street recycling 'drop off' facility. If ticked, please give details of disability including any disability cards you hold.

Any other reason. Please explain further: _____

Applicant Declaration

1. I declare that the statements made in this application are true and complete to the best of my knowledge.
2. I understand that if accepted for this service, I will participate monthly by placing my recyclables out for collection on the stipulated day and time, at the stipulated place.
3. I also understand that this is a six (6) month trial which may or may not continue, depending on its success.
4. I undertake to notify the Wanganui District Council if any of the above information or household situation should change. I also understand that misuse, or lack of use, of the service will result in the service being withdrawn.

Signature of Applicant _____ Date _____

Post or return to: Wanganui District Council, PO Box 637, 101 Guyton St, Wanganui