

DOMESTIC WASTE MANAGEMENT FORM

Medical Waste Exemption

Part A – To be completed by applicant

Name/s (in full)				
Property Address				
Suburb		State		Post Code
Postal Address				
Suburb		State		Post Code
Email address		Contact Number		

Please select from the following options (tick all that apply):

<input type="checkbox"/> Weekly Domestic Waste Service	Applicable to all properties within urban zoning
<input type="checkbox"/> Additional Weekly Domestic Waste Service	Applicable to all properties within urban zoning
<input type="checkbox"/> Additional Fortnightly Domestic Waste Service	Applicable to all properties within rural zoning
<input type="checkbox"/> Additional Fortnightly Recycling Service	Applicable to all properties
<input type="checkbox"/> Upsize to 360L Recycling Bin	Applicable to all properties

Please provide any extra details relevant to your request:

Part B – To be completed by medical practitioner

Practitioner's Name				
Provider Number AHPRA Number				
Medical Practice				
Address				
Suburb		State	Post Code	
Phone Number				
Applicant's condition	<input type="checkbox"/> Ongoing – the condition will not resolve <input type="checkbox"/> Temporary – please indicate anticipated duration: _____			
Does the patient's condition generate non-recyclable medical waste in volume greater than one third of a 240L garbage bin per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the patient's condition generate a large volume of clean material, such as packaging that can be recycled	<input type="checkbox"/> Yes <input type="checkbox"/> No			

I confirm the applicant requires **home** treatment and/or management of a medical condition resulting in the increased generation of municipal waste requiring disposal in kerbside domestic waste management services.

Practitioner's Name	Signature	Date

Conditions of Use

1. Bins are to be presented for servicing adjacent to the kerb or within 1 metre of the edge of the road, on the night before collection day. Bins are to be facing the correct way (i.e. wheels closest to the house). Lid should be flush with the top of the bin and no extra waste is to be placed next to the bin. Extra waste will not be collected.
2. Bins must be accessible for servicing (i.e. away from parked cars, overhanging trees, electricity poles, letter boxes etc)
3. Bins must not exceed 70kgs in weight when presented for servicing.
4. All bins remain the property of Council's contractor and must not be removed from the premises. The resident must take appropriate steps to minimise the risk of theft or damage to the bins.
5. All bins are to be maintained in a clean condition by the resident.
6. The resident is not permitted to deface the bin in an untidy or obscene fashion.
7. Random bin audits may be conducted at the point of collection to monitor service use
8. Applicants must notify Council if they move to another property or if the service is no longer required

For missed collection, stolen or damaged bins, please contact the appropriate service contractor:

- General Waste Bins – JR Richards on **T 1300 579 278**
- Recycling Bins – Hunter Resource Recovery on **T 1800 838 884**
- Organic Waste Bins – Solo Resource Recovery on **T 1800 870 250**

Privacy Notice

In using this form, you are required to provide personal information. This information will be used only for

the purpose stated above and will be accessed by persons who have been authorised to do so.

Your personal information is handled in accordance with the *Privacy and Personal Information Protection Act 1990(NSW)*.

I confirm that all information provided in this application is true and accurate
 I confirm that I have read and agree to the Conditions of Use as set out above
 I confirm that I have read and agree to the Privacy Notice as set out above

Applicant Name	Signature	Date

Please be aware that it is a criminal offence to make a false declaration.