

APPLICATION FORM

MONTHLY HOUSEHOLD RECYCLING PICK-UP SERVICE

This service is for people who are unable to drop off recyclables at the Whanganui Resource Recovery Centre, 79-83 Maria Place Extension, Wanganui



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

*Please give reason why you or your household are **unable** to use the Whanganui Resource Recovery Centre to drop off your recycling.*

☐ Household does not have a car.

☐ I have a physical disability which prevents me and my household from using the Whanganui Resource Recovery Centre. (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 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 I also understand that misuse, or lack of use of the service, will result in the service being withdrawn.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 _____

Return completed form to: Wanganui District Council, PO Box 637, 101 Guyton St, Wanganui

Assessment:	Accepted for service	Yes	No
Comments	<hr/> <hr/> <hr/>		
Signed by	<hr/>		Date <hr/>