



APPLICATION FOR ASSISTED COLLECTION

NAME:			
ADDRESS:		POST CODE:	
TELEPHONE:		EMAIL ADDRESS:	

Please indicate below **all** people living at the above household who could move your waste receptacles
(Please Note – family, friends, relatives and carers would be expected to help where possible)

Please note that bins/sacks should be located no further than 30m from normal uplift point

NAME AND NUMBER OF PEOPLE IN HOUSEHOLD	AGE	RELATIONSHIP TO APPLICANT (if any)
1.		
2.		
3.		
4.		

REASON FOR SERVICE (PLEASE TICK APPROPRIATE BOX)	ELDERLY		DISABLED		INFIRM	
OTHER						

SERVICE REQUIRED (PLEASE TICK)	FOOD WASTE		DRY RECYCLATE		GENERAL WASTE	
	CADDY		BOXES		WHEELED BIN	
			TROLLEY		SACKS	
			SACKS			

CAN YOU COLLECT CONTAINER FROM KERBSIDE	YES		NO	
COULD YOU MANAGE A SMALLER BIN OR SACKS	YES		NO	
IF REQUIRED COULD YOU PROVIDE SUPPORTING INFORMATION	YES		NO	

DECLARATION:

To the best of my knowledge this information is true and accurate. I am aware that if my application is found to be false this service will be automatically removed and may be invoiced for costs incurred.

APPLICANT SIGNATURE DATE

Please be aware that completing this form does not automatically qualify you for the service.

The purpose for collecting your personal details on this form, is to allow the Council to manage the Assisted Collection Service. The information you provide will be treated in accordance with attached privacy policy.

OFFICE USE ONLY:

OFFICER APPROVAL OF APPLICATION	YES / NO	NAME OF OFFICER:	
DATE APPROVED:		DATE OF RENEWAL:	

RETURN ADDRESS: CARGEN TOWER, GARROCH BUSINESS PARK, DUMFRIES, DG2 8PN