

EXCEPTIONAL CIRCUMSTANCES SERVICE WASTE COLLECTION APPLICATION

Proof of identification is required at the time of application:

- Photo id (local address) or
- Photo id (non-local address) and one of the following: rates notice / tenancy agreement / utilities bill

If you are applying as a large family please also provide your Medicare card/s listing your family members or
A signed statutory declaration listing all persons presently living in your household

SECTION A – Applicant Details			
Given Name(s):		Surname:	
Email Address:		Preferred Contact Number:	
Residential Address:			
Residential Suburb:		Postcode:	
Mailing Address:			
Mailing Suburb:		Postcode:	

SECTION B – Eligibility Details	
Is your property a permanent dwelling? • i.e you live there permanently, not a holiday house • If no, holiday homes are ineligible for additional bin services under Exceptional Circumstances, however a Seasonal Service is available for an additional fee.	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you operate a small business at your property? • If yes, businesses are ineligible for additional bin services under Exceptional Circumstances. For additional kerbside service options for businesses please email admin@frwa.com.au or visit www.frwa.com.au .	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many people live permanently in your dwelling?	
How many children living permanently in your dwelling use nappies?	
Does a member of your household have special needs resulting in additional waste from incontinence or medical products? Excl. normal infant incontinence	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many 140L blue lid bins are currently at this address?	
How many 140L red lid bins are currently at this address?	

SECTION C – Bin Retrieval Details	Tick one
I will collect my bin(s) from Goolwa Waste and recycling depot	<input type="checkbox"/> Yes
I will collect my bin(s) from Strathalbyn Waste and recycling depot	<input type="checkbox"/> Yes



NOTICE TO APPLICANT

1. Exceptional Circumstances (EC) aims to assist large families and households that produce nappies or domestic medical waste. Eligible households may apply for free collection of one additional 140L general waste bin fortnightly (in addition to the one 140L general waste bin fortnightly collection provided as part of your council rates). Households that fall into more than one category may be eligible for up to two EC general waste bins collected fortnightly. (Please note that 240L general waste bins will not be collected).
2. Bins granted under Exceptional Circumstances are required to display the 'exempt' sticker provided by Council.
3. Applications for this service are required to be submitted annually. A renewal application will be issued prior to the end of the current financial year.
4. You are required to provide documentation (such as a driver's license, passport or Medicare card) to prove your identity and circumstances, as part of this application.
5. Exceptional Circumstance bins will not be collected over part of the summer period. During this time blue waste bins will be collected weekly.
6. The Fleurieu Regional Waste Authority may conduct audits on EC bins
7. To be eligible for an EC service, the applicant must not operate a business, which would generate more waste than the average household from the address

Declaration: I hereby apply for an existing Exceptional Circumstances Waste Collection Service, as described in this application, in accordance with the conditions stated in the Notice to Applicant above.

Signature of Applicant: _____ **Date:** ____ / ____ / 20____

Alexandrina Council OFFICE USE ONLY

Assessment number:

NAR Code:

Sticker No: 1.
2.

Proof of Identification Provided

☐ Photo ID (Council Address)

OR

☐ Photo ID (Non Council Address) Plus one of the following:

☐ Rates/Rental/Utility Notice

☐ Council Core System

☐ Statutory Declaration

Proof of Large Family Status Provided

☐ Medicare Card/s

☐ Statutory Declaration

ID Verified (officers initial)

Application Date: ____ / ____ / 20____

☐ Approved

☐ Not Approved