

**LOST/STOLEN/VANDALISED WASTE SERVICES BIN DECLARATION STATEMENT**  
**1 July 2024 – 30 June 2025 - An \$88 Bin Replacement Fee applies.**

What bin do you need (please tick):

- Garbage Bin (red/dark green lid)**
- Recycling Bin (yellow lid)**
- Food/Garden Bin (lime green lid)**



Please note that bin delivery can take up to 7 working days from when this Declaration Statement is received. **A \$88 Bin Replacement Fee applies** (per bin).

The Declaration Form can be returned by **MAIL** to The General Manager, Bathurst Regional Council, Private Mail Bag 17 BATHURST NSW 2795 or **IN PERSON** to 158 Russell Street, or **EMAIL** council @bathurst.nsw.gov.au

<b>Section 1 Name and Details of Person Who Lives at Premises</b>	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss (please tick)	Daytime Contact Phone Number: / .....
Surname: .....	First Name: .....
Business Name (if applicable): .....	
Unit/Villa Number: .....	Street Number: .....
Street Name: .....	Suburb: .....

**Do you Rent the premises?** Yes No If yes, you will need the Landlord / Real Estate Agent / Government Department to sign this Declaration as follows:

<b>Section 2 Landlord / Real Estate Agent/ Government Department</b>	
Landlord Name / Real Estate Agent Name / Department Name: .....	
Property Officer Name: .....	Contact Phone Number: .....
Signature of Landlord/Real Estate Agent/Government Department acknowledging that they are aware of a lost/stolen bin at the above address.	
Signature: .....	Date: .....

Please see over page for Declaration Statement.

**Section 3 Declaration Statement**

I (Name of person declaring) .....  
in the State of New South Wales do solemnly and sincerely declare as follows, **THAT** the 240L indicated Waste Bin supplied by Bathurst Regional Council has been removed from and is no longer on the premises or has been vandalised as above, and; **THAT** I have no knowledge of its whereabouts, and **THAT** I will notify Council should I locate the stolen bin and I accept a replacement bin on this understanding.

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable.

Signature of Applicant: ..... Date: .....

Witness Name: .....

Witness Signature: ..... Date: .....

Witness Address: .....

*The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by Council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.*

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**OFFICE USE ONLY**

Amount Paid: \$ ..... Date Paid: .....

Receipt Number: ..... Allocation Number: (700) 41420.110.148

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**PLEASE RETURN THIS FORM TO ENGINEERING SERVICES DEPARTMENT**