

Assisted Collection Service

Application Form



Civic Centre
1061 Haupapa Street
Private Bag 3029
Rotorua Mail Centre
Rotorua 3046
New Zealand

Name of Applicant: _____

Property Address for the service: _____

Contact Phone Number: _____

Reason(s) for applying for assistance: _____

Alternative contact:

Council requires an alternative contact person in case it is unable to make contact with you.

Name: _____

Phone Number: _____

Postal Address: _____

Alternative information:

If someone lives with you that is capable of putting out the wheelie bins, Council may not consider you eligible for the Assisted Rubbish Collection Service.

If other people live with you at this address, please state their name(s) and relationship to you (the applicant):

What community support is currently provided to you, i.e. house cleaner, gardener, etc?



Assisted Collection Service

Application Form continued



Conditions of Acceptance and Declaration

Acceptance of Conditions:

1. In providing the Assisted Collection Service, neither the Council nor the Council's contractors will be liable for any damage or loss that may be incurred as a consequence of providing this service.
2. The contractor shall have unimpeded access, for the purposes of collection, to the property.
3. An accessible location for the wheelie bins and crate shall be provided by the applicant. The location shall be subject to approval by the collection contractor and shall not be shifted without the approval of the collection contractor.
4. Any threatening and/or inappropriate behavior (human or animal) to the collection contractor will lead to the Assisted Collection Service being withdrawn.
5. If you no longer require this service contact the Council on 07 348 4199.

Declaration (please tick):

- I accept the conditions.
- I confirm that I have attached a letter or document from a medical professional which supports my application.
- I confirm there is no one within the household who is capable of assisting me (the applicant) in using the kerbside collection service.
- I confirm there is no community support being provided to the household that can assist me (the applicant) in using the kerbside collection service.
- In applying for this service, I authorise Rotorua Lakes Council to complete all the checks required to verify that the applicant should receive an Assisted Collection Service and whether it is feasible for this service to be provided.

Applicant's Signature: _____

Date: _____

Please return your application form, with your supporting documentation from your General Practitioner or other medical professional to:

Waste Solutions
Rotorua Lakes Council
Private Bag 3029
Rotorua Mail Centre
Rotorua 3046
or email: info@rotorualc.nz

