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| **C:\Users\millara\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PDKAH3J5\ANBC colour.jpg** |
| **Application for Additional Capacity Domestic Waste Bins** |
| Applicants Name:  |
| Applicants Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Post Code:  | Tel No:  |
| Email address: |
| How many of the following bins do you currently have at your property:Black Wheeled Bins: [ ] Blue Wheeled Bins: [ ] Brown Wheeled Bins: [ Wheelie Box [ ]What size of Black wheeled bin is currently at the property: [ 180l / 240l / 360l ] \*Please circle as appropriate |
| Do you have any other form of waste storage container at your property? YES/NO\*\* *Please delete as appropriate* |
| How many family members are permanently resident at your property? [ ]\*How many children in nappies are permanently resident at your property? [ ]\* \*Please provide further details in the household section on the second page |
| Do you operate any form of business from your property? YES/NO\*\* *Please delete as appropriate* |
| If YES, please explain the nature of your Business and what arrangement you have in place for the disposal of waste resulting from your Business activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If necessary, please continue on separate sheet and attach it to this form.* |
| Please explain why you require the collection of additional Domestic waste bins from your property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If application is due to medical waste, please get an assessor to complete the section on page 2* |
| Please explain what steps you take to recycle waste produced at your property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If necessary, please continue on another sheet and attach it to this form.* |
| By signing this application, you are giving Antrim and Newtownabbey Borough Council permission for the information provided to be used to process your request. *This data will only be used for the purposes of the request and will be processed in accordance with current data protection legislation. For more information on this visit our website* [*www.antrimandnewtownabbey.gov.uk*](http://www.antrimandnewtownabbey.gov.uk)*.* |
| **Applicants Signature:** | **Date of Application:** |

**NB All applications are subject to further reviews and some may be selected for further assessment**

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| ***Permanent resident’s details.*** *If necessary, please continue on separate sheet and attach it to this form* |
| **Name** | **DOB** | **Producer of Medical Waste? (Y/N)** |
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| ***This section to be completed by one of the following who may be contacted to verify details:******Doctor, Nurse, Health, Social Care Professional or Home Care Worker.*** ***NB This section CANNOT be completed by a relative and MUST be completed in full.*** |
| I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby confirm that the applicant requires additional capacity for waste. (PRINT NAME)Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Assessors Signature:** | **Date:** |
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| **Please return completed application in the Freepost envelope provided** **or return by email to: waste@antrimandnewtownabbey.gov.uk** |

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| ***FOR OFFICE USE ONLY To be completed by the Authorised Officer.*** |
| **Application approved? YES/NO\*** \* *Please delete as appropriate*  |
| If NO, please give reason for refusal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Authorised Officers Signature:** | **Date:** |
| ***This section to be completed by Administration Staff:*** |
| Bin Ordered |  / / | Actioned by: |
| Applicant Informed  |  / / | Actioned by: |
| Database updated |  / / | Actioned by: |
| Route sheets updated for week commencing: |  / / | Actioned by: |
| Collection Crews assigned BLACK: |  |  |
| Contractor informed (Black) | / / | Actioned by: |