

## **DECLARATION MISSING BIN**

l (Print Name)				
Of (Address)				
□ Property Owner	☐ Tenant		for Property	(Please tick one box)
I declare that the: Gar	bage bin Recycle (blue lid)	bin G G	reen Waste bin reen lid)	(Please tick relevant box/es)
Supplied to(Address from wh	nich bin is missing, if same as resident	al address write " <b>as abo</b> v	ve")	
has been missing since/				
I have conducted a reason that the bin remains the should it be found.				
Additional comments if red	quired			
I acknowledge that this de	iclaration is true and con			
Signature of person makir				
Name:				
Date:				
Please email or fax the cor	npleted form to:	Office Use Only:		
waste.inquiry@wyndham.vic Tel: (03) 9742 0765 Fax: (03) 9742 0825	•	roclaim No		
(50) 51 12 5525	F	Recorded By		

## **Privacy Statement**

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