



Listening Learning Leading



Request for installation of a street bin

DETAILS OF PERSON OR ORGANISATION MAKING THE REQUEST

Name	
Organisation	
Email	
Telephone number	

BIN REQUEST

Type of bin	<input type="checkbox"/> 90 litre litter bin <input type="checkbox"/> 120 litre litter bin <input type="checkbox"/> Dog waste bin <input type="checkbox"/> On street recycling bin
Location:	
Is the location on adopted highway	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure
Confirm map attached	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there other bins located nearby	<input type="checkbox"/> yes <input type="checkbox"/> no

Reason for request	
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Internal use only

Date received and request entered onto system	
Technical Officer	
Request reference number	
Assessment date(s)	
Decision	<input type="checkbox"/> granted <input type="checkbox"/> declined Reason:
Request for installation	Date: Reference number:
Date of response to person making request	