

SHIRE OF CAMPASPE

STOLEN BIN REPORT

WASTE / RECYCLE / GARDEN ORGANICS

Property Address:

Unit No:..... Street No:.....

Street:.....

Town:..... Post Code:

Property Assessment No:
 (Refer to Rate Notice)

Report made by Owner Tenant

Property Owner:

Owners Address:

Owners Phone No:

Tenants Name:

Tenants Phone No:

Bin type: Waste - red lid	80 L <input type="checkbox"/>	140 L <input type="checkbox"/>	240 L <input type="checkbox"/>
Recycle - yellow lid	140 L <input type="checkbox"/>	240 L <input type="checkbox"/>	360 L <input type="checkbox"/>
Garden Organics – green lid		240 L <input type="checkbox"/>	

Circumstances under which Bin was misplaced

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Signed: Owner / Tenant Date:

SHIRE OF CAMPASPE

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