

ENVIRONMENTAL HEALTH SERVICES



Waste Disposal

New Client Details / Change of Details

IMPORTANT NOTICE:

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act*. The personal information collected on this form will be used by Council for the purposes of supplying you with an invoice for relevant waste disposal fees. Your personal information will be accessed by persons you have authorised to do so. Some of this information may be given to a *debt collection agency* for the purpose of debt collection. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*

Waste Facility Details						
Location (please tick)	□ Chinchilla	□ Dalby	□ Miles	□ Tara	□ Wandoan	□ Jandowae
Attendant Name						
Docket Number/s *						
Client Details						
Business Name						
Postal Address						
Contact Phone Number						
Vehicle Registration Number						
Do you need to provide council with a purchase order numbe		ımber	□ Y	es \Box	No	
Email Address						
Do you wish to receive invoices via the above email address			□ Y	′es 🗆	No	
Authorize to accept fees & charges						
Name of Business Representati	tive / Driver					
Signature						

/

* Please note relevant waste docket(s) above

For further information, contact Council:

Customer Service

1300 COUNCIL www.wdrc.qld.gov.au



Date