



Basingstoke and Deane



working together

APPLICATION FOR EXTRA BIN CAPACITY

Applicant:

Address details:

Property name or number

Street

Town

Postcode

Contact Details:

Home Telephone Number (Including area code)

Daytime Telephone Number (Including area code)

Email Address

To help us understand why you require extra capacity, please complete the following information:

1. How many people live at the property permanently?

Adults (aged 16+) Children (aged 3 –16) Children (under 3)

2. Wheeled bin details: please tell us what bins you currently have.

(Additional bins will be subject to a charge)

Waste container		
Size:	Small / 140L	Large / 240L
Quantity:	<input type="text"/>	<input type="text"/>

Recycling container		
Size:	Small / 140L	Large / 240L
Quantity:	<input type="text"/>	<input type="text"/>

3. Recycling Information

How do you usually recycle the following: (please tick all applicable answers)	Recycling bin <input checked="" type="checkbox"/>	Bring site <input checked="" type="checkbox"/>	Garden waste <input checked="" type="checkbox"/>	Glass box <input checked="" type="checkbox"/>	Not at all <input checked="" type="checkbox"/>
Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tins, cans & aerosols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass bottles & jars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes / shoes / textiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. If you do not recycle glass, garden waste or textiles, please tell us why below:

Additional Information	Yes	No
Please tick YES or NO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any residents in your property who have medical/special need that affect the amount of waste produced? If yes , please tell us how this affects your waste. <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>		
Do you have a compost bin at home?		
Would you like information on home composting?		
Do you dispose of any waste at the household waste recycling centre/amenity tip? • If yes , please tell us how often to you use this site:-		
Do you work from home? If yes , please tell us how you dispose of this waste below. <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>		

5. Please briefly explain why you feel you need another waste bin

Declaration

I certify that the information provided in this form is true and correct. I understand that I may be contacted as a result of my application, and that any false information given will result in the cancellation of my request.

I will contact the Council if in the future the number of permanent residents changes, and understand that the additional refuse capacity may be withdrawn.

Please return completed form to:

Joint Waste Client Team
 Hart District Council Civic Offices
 Harlington Way
 Fleet, Hampshire
 GU51 4AE

Date:

Signed: