



APPLICATION FOR COMMENCEMENT OF A WHEEL OUT / WHEEL IN SERVICE (INFIRMED)

I (Name)..... wish to apply for a Wheel
in / Wheel out Service. My address is

Unit No: House No: Street Name:

Locality: Contact phone number: (.....).....

I am physically incapable of wheeling bins to the kerb from my residence. I also declare I have no
other able-bodied person(s) residing with me who could wheel bins to the kerb on my behalf.

☐ **Permanent** OR ☐ **Temporary (date)**/...../..... to/...../.....

☐ **Doctors Certificate Attached**

Signature..... **Date**/...../.....

Statutory Declaration

I make this solemn declaration conscientiously believing the same to be true and by virtue of the
provisions of the "Oaths Act 1900".

Declared at on
(place) (date)

.....
(Signature of declarant)

in the presence of an authorised witness, who states:

I,....., a
(name of authorised witness) (qualification of authorised witness)

Certify the following matters concerning the making of this statutory declaration by the person who
made it: (*please cross out any text that does not apply)

1*I saw the face of the person *OR* *I did not see the face of the person because the person was
wearing a face covering, but I am satisfied that the person had a special justification for not
removing the covering, and

2*I have known the person for at least 12 months *OR* *I have confirmed the person's identity using an
identification document and the document I relied on was
(describe identification document relied on)

.....
(signature of authorised witness)

.....
(date)

Office Use Only

Property No:

Assessment No:

Authorised by: Date:

Civic Services Coordinator

All correspondence to:

General Manager

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