## **CRAVEN DISTRICT COUNCIL**

## **APPLICATION FOR A LARGE GENERAL WASTE WHEELED BIN**



Applicants Details		DISTRIC
Name		
Address		
Post Code		
Daytime Contact Telephone Nur	nber	
No. in household		
Email address		
Please provide details of all per (visitors do not qualify as perr	ermanent residents living at you manent residents)	ur property
Forename	Surname	Date of Birth
<u> </u>		
Is your wheelie bin full every f	ortnight? Yes No	
Please explain your reasons for	or needing a larger bin:	
	• • • • • • • • • • • • • • • • • • • •	
If you need more space, please continu	ue on a separate piece of paper and atta	ach it to this form
How much extra waste does y your wheeled bin?	our household produce each fo	ortnight that does not fit into
1 bag 2 bags	2 or more	

Please provide us with the type materials you are putting into your green bin				
How often do you take waste	to the Housel	hold Waste Recyc	ling Centre (the tip)?	
How many of the following de	o you have an	d use at home?		
Blue bin Brown bin	Home	e Compost bin		
Do you produce extra recycling than what can fit in the Blue bin(s)/Clear sack(s)? If yes, please explain what you do with it?				
If you produce extra recycling on a regular basis we can supply you with an additional recycling bin and/or bags. Please let us know if you require an extra recycling bin or bag below.				
How long do you anticipate you will require a larger bin for?				
Up to 6 months 6 to 12	months	1 to 2 years	2 years or more	
Declaration				
If you still consider that your household requires a larger bin, please sign and date the declaration and return to the address below.				
I certify that the information provided in this form is true and correct and agree to notify the Council of any change of the occupants of the property. I understand that I will be contacted as a result of my application and that any false information given will result in the cancellation of my request and the recovery of any additional goods.				
Signed	ed Date			
Please return this application form	ı to:			
Craven District Council Waste Management 1 Belle Vue Square Broughton Road Skipton North Yorkshire BD23 1FJ	Telephone: Email: Website:	01756 700600 wastemanag www.cravend	ement@cravendc.gov.uk	
For office use only				
Date Received: / /		Round Number		
Eligibility: Accepted / Declined		Database updated:	Yes / No	
Review Period				
Authorised by	Date.			