APPLICATION FOR ADDITIONAL CAPACITY WASTE SACKS

NAME:			
ADDRESS:		**POST CODE:**	
TELEPHONE:	**EMAIL ADDRESS:**		

Please indicate below <u>all</u> people living at the above household who could move your waste receptacles

REASON FOR ADDITIONAL SACKS (PLEASE TICK APPRORIATE BOX)	**MORE THAN 6 IN HOUSHEOLD**		**MEDICAL CONDITION**		**IN RECEIPT OF ASSISTED COLLECTION SERVICE**	**YES / NO**

NAME AND NUMBER OF PEOPLE IN HOUSEHOLD		**AGE**	**RELATIONSHIP TO APPLICANT (if any)**	**IS THIS THEIR FULL TIME RESIDENCE**
1.				**YES / NO**
2.				**YES / NO**
3.				**YES / NO**
4.				**YES / NO**
5.				**YES / NO**
6.				**YES / NO**

ANY ADDITIONAL INFORMATION				
IF MORE THAN 6 IN FAMILY:				
DO YOU HAVE A MEDICAL CONDITION THAT REQUIRES ADDITIONAL WASTE CAPACITY:	**PERMAMENT**	**YES / NO**	**TEMPORARY**	**YES / NO**
WHAT TYPE OF EXTRA WASTE WILL YOU BE PRODUCING.				

NAME AND ADDRESS OF PRACTITIONER / DOCTOR / NHS REFERRAL:

DECLARATION:
To the best of my knowledge this information is true and accurate. I am aware that if my application is found to be false this service will be automatically removed and may be invoiced for costs incurred.

APPLICANT SIGNATURE …… DATE ……..……...

Please be aware that completing this form does not automatically qualify you for the service.

The purpose for collecting your personal details on this form, is to allow the Council to manage the Additional Sack Service. The information you provide will be treated in accordance with attached privacy notice.

OFFICE USE ONLY:

OFFICER APPROVAL OF APPLICATION	**YES / NO**	**NAME OF OFFICER:**	
DATE APPROVED:		**DATE OF RENEWAL:**	

RETURN ADDRESS: CARGEN TOWER, GARROCH BUSINESS PARK, DUMFRIES, DG2 8PN