



## Clean and Green Services

### Wheeled Bin Assisted Collection Application Form

Please complete all of the boxes below:

Title:	Mr / Mrs / Ms / Dr.
First Name:	
Surname	
Tel. No.	

Address:
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Do you live alone? Yes/ No
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Postcode:
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<p>Please provide details of your illness or disability.</p> <p>(The council reserves the right to request documentary proof, at no cost to the council)</p>
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<p>Please also provide the names of all other adults living with you and state whether they also have any infirmity or disability.</p>
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<p>Please state how long you anticipate that you will need help for.</p>
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I declare that there is no one living at the above address who is able to present wheeled bins for collection.

Signed \_\_\_\_\_ date \_\_\_\_\_

Please return the completed form to:-

The Customer Team  
 Clean and Green Services  
 Walsall Council Environmental Depot  
 200 Pelsall Road, Brownhills  
 Walsall  
 WS8 7EN

Office Use Only	Mayrise No.
DOM	
REC. R	
ORG. R	
Date Bartec	
Date Mayrise	