

FOGO bin application - opt in (weekly service)



City of HOBART

When to use this form

If your FOGO bin has been damaged or is missing you will need to complete and submit the [Damaged or missing bin request form](#).

Use this form if you would like to apply to receive a FOGO (Food Organics and Garden Organics) bin (with a weekly collection), would like an extra bin or would like to upgrade your current fortnightly collection to a weekly collection.

There is an annual fee for this additional service which is added to your rates notice. Because a fee applies only the property owner can make this request. Refer to our [website](#) for current fees.

If you have any questions you can contact us on 6238 2711 or at coh@hobartcity.com.au.

For more information please visit our [website](#).

Applicant details

First name Required

Last name Required

Email address

Telephone number Required

Unit/street number Required

Street name Required

Suburb (Select 1 option) Required

- Battery Point
- Dynnyrne
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

Are you requesting a: (Select 1 or more options) Required

- new service
- change to existing service (changing collection from fortnightly to weekly)

Answer this question if you made a selection that includes 'new service' in *Applicant details > Are you requesting a:*

Number of bins required Required

Additional information

Declaration

As the property owner of the address listed on this application form I declare that: (Select 1 or more options) Required

- the bin(s) will be presented safely for collection. Required
- the bin(s) can be stored safely on the property between collection days. Required
- I understand that a fee per bin applies annually which is added to my rates notice. Required
- I understand that this service is for a minimum of one year. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects information it collects please refer to the [Privacy Statement and Policy](#).

End of form