

FOGO bin opt out application



When to use this form

Use this form if you would like to opt out of the FOGO collection service. The opt out is for the entire service (both garden and food organics). If approved your wheelie bin with the lime green lid will be removed.

To opt out of the service you need to meet at least one of the eligibility criteria. Each criteria requires supporting documentation to be included with this application.

For further information about the criteria, including the supporting documentation you can refer to our [website](#).

Applicant details

First name Required

Last name Required

Email address Required

Telephone number Required

Property identification number Required

Unit/street number Required

Street name Required

Suburb (Select 1 option) Required


- Battery Point
- Dynnyme
- 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

I am: (Select 1 option) Required

- the owner of the property
- the tenant of the property and I have attached written consent from the property owner below

Complete this field if you selected 'the tenant of the property and I have attached written consent from the property owner below' in *Applicant details: I am:*

Written consent

 Please attach all files to the end of this form before submitting it.

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post


Eligibility criteria

In applying to opt out of the service you need to meet at least one of the criteria as outlined on the [website](#) and attach supporting documentation. If you are approved to opt out you will need to reapply by 30 June every two years. We will send you a reminder when your approval is due to expire.

Select the reason you would like to opt out of the service: (Select 1 or more options) Required

- the property possesses an adequate home compost
- financial burden
- an alternative kerbside service is used
- medical reasons

Supporting documentation Required

 Please attach all files to the end of this form before submitting it.

Provide a detailed explanation in support of your application Required

Declaration

(Select 1 or more options) Required

- I declare the information I have provided is true and correct 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

Don't forget to attach all files before submitting this form