

Charitable Organisation Waste Fee Application Form

This application form is for charitable organisations that operate within the City of Albany to apply for the Charitable Organisation Discount Waste Fee.

ORGANISATION DETAILS				
Organisation name				
Address	Street		Suburb	
	Postcode		State	WA
Postal address	Street		Suburb	
	Postcode		State	WA

CONTACT PERSON					
Title		First name		Last name	
Position					
Email			Phone		

VEHICLE REGISTRATION	
Vehicle 1 - Registration Number	
Vehicle 2 - Registration Number	
Vehicle 3 - Registration Number	
Vehicle 4 - Registration Number	

DETAILS OF CLAIM	
Reason for requesting discounted waste fee:	
Estimated quantity of eligible waste to be disposed per visit?	(tonnes or m ³)
Estimated frequency of visits?	

Is the organisation a licensed charity under the Western Australian <i>Charitable Collections Act 1946</i> ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Charitable Collections Licence Number:
Has the organisation obtained Deductible Gift Recipient Status from the Australian Tax Office?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the organisation collect or receive donated goods at public drop-off or donation points such as charity bins or shopfronts in the City of Albany, in accordance with a community service or activity that benefits the community?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the collection activities undertaken voluntary or not-for-profit and with no commercial interest (exclusively to support the charitable purpose of the organisation)? If no, please provide details of commercial interests that benefit from the collection activities.	<input type="checkbox"/> YES <input type="checkbox"/> NO

CONDITIONS

1. Waste will be associated with the registered organisation only.
2. Waste will be sorted to separate:
 - a. Items suitable for resale/reuse
 - b. Scrap steel
 - c. Corrugated cardboard
3. Commingled recyclables will not be accepted. Please contact the City of Albany for further information.

DECLARATION

I certify that to the best of my knowledge the statements made in this application are true.

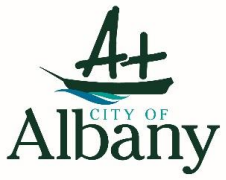
Signed: _____ Date: _____

OFFICE USE ONLY

The Application is Approved Not Approved

Approving Officer: _____

Signature: _____ Date: ___/___/___



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For more information contact the Waste Management Operations Coordinator on 6820 3917