



Assisted Collection Application Form



You can apply for an **Assisted Collection for your Landfill Waste and Recycling and / or Garden Waste**, if you are physically unable to take your bins out to the edge of your property and are unable to get help from family, friends, or neighbours to do so. To apply please complete this form and return to the Cleansing Team at the address below.

We will confirm your request for an Assisted Collection in writing.

Name:

Address:

Telephone:

Email:

PLEASE MARK AS APPROPRIATE IN THE BOXES BELOW

I require an Assisted Collection for :

LANDFILL / RECYCLING WASTE		GARDEN WASTE SERVICE (I am a Garden Waste Service subscriber)	
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Please mark as appropriate the reason you require an Assisted Collection

Disability	<input type="checkbox"/>	Health	<input type="checkbox"/>	Age	<input type="checkbox"/>
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Please give further details as to why you require an Assisted Collection:

Please explain where your bins will be left for collection:

I request an Assisted Collection for Landfill Waste & Recycling and / or Garden Waste as specified above. I confirm that the details on this form are correct and I will contact the Council should my circumstances change.

Signed _____ **Date** _____

Address: Cleansing Services, Leisure and Environment Building, Mid Sussex District Council, Oaklands Road, Haywards Heath, West Sussex, RH16 1SS.
Telephone: 01444 477440 **Email:** wastematters@midsussex.gov.uk