



**Chichester District Council, Stane Street, Westhampnett, Chichester,
West Sussex, PO18 0NS**

E-mail: wasteandrecycling@chichester.gov.uk

Tel: 01243 534821 Fax: 01243 532695

Waste and Recycling Assisted Collection Form

- Please complete in **CLEAR CAPITALS**.
- Answer all the questions in your own words to give detailed information in support of your application. If there is not enough space on the form for everything you want to write, use a separate piece of paper and attach it to the form.
- The contents of this application form will be treated as confidential and will only be used to process your application for an Assisted Collection Service.
- If you need help to complete this application form please telephone the information line where trained staff are available to give guidance. If you are unable to complete this form yourself, please ask someone else to complete it on your behalf.

PLEASE REMEMBER:

- Only occupants who are genuinely incapacitated or disabled either temporarily or permanently, and there is no other person in the property or immediate neighbourhood willing to move the waste on their behalf, will be granted exemption.
- Exemption will not be granted on the length of driveways or distance to property boundary.
- Where exemption is granted, an assisted collection service will be provided from an alternative collection point as agreed by the Council.
- Any exemption approved will be reviewed at regular intervals.
- Using wheeled bins for both waste and recycling should make moving these materials much easier for most residents.

If the assisted collection service has already been temporarily applied, this form MUST be returned within 14 days to ensure it continues.

Office Use Only

Round:.....Day:.....

Date Accepted:.....

1. Applicant Details

Title: Mr / Mrs / Ms / Other _____.

Surname _____ Other names _____

Address _____

_____ Postcode _____

Daytime telephone number where we can contact you _____

Please identify type of property you live in: **Flat / House/Other**.....

Please explain why you feel you should be granted an Assisted Collection Service

How long do you anticipate the incapacity/disablement will continue? _____

2. Please identify any other person living at your property

Name	Age	Are they capable of moving the bins? If not, please give your reason below.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

3. Do you have regular visitors to your property who may be able to move your waste for you?

Yes No

If yes, please give details _____

4. What efforts have you made to ask your neighbours if they would be willing to move your waste for you?

Please give details _____

5. Please give a brief description of where you would like your bins collected from/ where the collection crew will have to go on your property to get to your bins. Waste and recycling will be emptied and returned to a collection point which is agreed by the Council.

6. Please confirm there are no hazards on your property which could be harmful to the collection crew i.e. loose dogs or uneven paving slabs for example

I confirm there are no hazards

There may be the following hazards _____

Your collections may be suspended until such time the hazard has been reduced.

7. By requesting an assisted collection the Council may wish to obtain medical confirmation of your incapacity, as such please supply your doctor's details.

Name of Doctor _____

Surgery Address _____

Postcode _____ Telephone No _____

A member of staff may visit your property to assess the application. He or she will contact you prior to consulting your doctor.

I understand that I may be contacted as a result of my application. I certify that the information provided is correct to the best of my knowledge.

Signed _____ Date _____

Please complete and return within 14 days to:-

Chichester District Council
Stane Street
Westhampnett
Chichester
PO18 0NS
Telephone: 01243 534821 Office hours.
Email: wasteandrecycling@chichester.gov.uk