

WEST DUNBARTONSHIRE COUNCIL
WHEELED BIN REFUSE COLLECTION SYSTEM

REQUEST FOR ASSISTED PULLOUT AND RETURN

A. This section to be completed by Applicant(s)

NAME _____

ADDRESS _____

TELEPHONE
NUMBER _____

I certify that I am unable to move the wheeled bin container at the above address for the following reasons:-

There is no one else at this address that can move the bin for me.

Signed: _____ Date: _____

B. This section to be completed by General Practitioner, Health Visitor, District Nurse, Occupational Therapist or Home Carer.

I certify that the above statement is correct

Signed: _____ Date: _____

Stamp or Name in Full: _____

Form to be returned to: West Dunbartonshire Council
Waste Services Section
Richmond Street
Clydebank
G81 1RF

(01389) 738725 or 738542