

COFFS HARBOUR CITY COUNCIL

STATUTORY DECLARATION

Wheel in / Wheel out Service Coffs Coast Waste Services



APPLICANT

I, (Name)....., of
(address).....
(phone)..... wish to apply for a Wheel in / Wheel out Service.

Permanent OR Temporary (date)/...../..... to/...../.....

I declare before a Justice of the Peace that I am physically incapable of wheeling bins to the kerb from my residence, and that I have no other able-bodied person(s) residing with me who could wheel bins to the kerb on my behalf.

(Signed).....Date...../...../.....

JUSTICE OF THE PEACE

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the "Oaths Act of 1900".

ID Produced.....

Subscribed and declared at

(Signed - JP).....Date...../...../.....

MEDICAL PRACTITIONER

I (Name)....., declare that the applicant as listed above has been examined by me, and is deemed to be physically incapable of the actions listed above.

(Signed).....Date...../...../.....

Registration number.....