



# COMHAIRLE NAN EILEAN SIAR

## MUNICIPAL SERVICES DEPARTMENT

### APPLICATION FOR BACK DOOR DOMESTIC REFUSE COLLECTION

#### SECTION A - APPLICANT'S DETAILS

1.	Applicant's Name	
2.	Address	
3.	Telephone Number	

#### SECTION B - ENTER DETAILS OF ALL RESIDENTS AT ABOVE ADDRESS

	Name	Age	Registered Disabled (Y/N)
1.			
2.			
3.			
4.			

#### SECTION C - DETAILS OF CURRENT SERVICE

1.	Type of Bin(s) supplied	
2.	Number of Bins supplied	
3.	Distance from property to collection point. (Metres)	

#### SECTION D - DETAILS OF RESIDENTS RECEIVING STATE BENEFITS OR HOME HELP

	Name	State Benefit (Y/N)	Home Help (Y/N)
1.			
2.			
3.			

#### SECTION E - OTHER DETAILS TO SUPPORT MY APPLICATION

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**This service is specifically designed to assist the elderly or disabled residents.**

#### Declaration

I declare that the information given above is correct and request that Comhairle Nan Eilean Siar provide a "Back Door Refuse Collection Service" from my property. I undertake to advise the Technical Services Department of any change in circumstances which may affect my eligibility for this improved service.

Signature		Date	
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Please return to: Cleansing Section, Marybank Depot, Stornoway HS1 2QP