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| Customer Services directorate   |   |

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| The Resident«SentToAddress» | Our Ref:Contact:Direct Line:Date: | Extra Waste CapacityNorth Hertfordshire District Council0800 328 602305 December 2018 |

Dear Resident

**Application for extra waste capacity**

You have recently indicated you may need extra waste capacity. We are able to supply households with larger bins and additional food waste caddies under the following circumstances:

A: The household has six or more full time residents

B: There are two or more children under the age of 36 months in disposable nappies

C: A resident of the property has excess non-infectious healthcare waste including sanitary products, incontinence pads, stoma bags and catheter waste.

This form is only for additional purple bin capacity and/ or food caddy requests. If you have additional mixed recycling or paper, this can be placed in a suitable container such as cardboard or plastic box, next to your grey mixed recycling bin for collection.

Once we have received your form we may contact you further concerning your application, including a bin audit. We also carry out annual reviews to identify whether households on the scheme still meet the criteria for extra waste capacity.

Please return this request form to the following address:

**NHDC – Extra Waste Capacity, C/O Urbaser, Works Road, Letchworth Garden City, Hertfordshire, SG6 1LP**

Yours faithfully

Waste Management Team

*This information complies with Section 46 of the Environmental Protection Act 1990*

*Enclosed: Application for extra waste capacity form*



**APPLICATION FOR EXTRA WASTE CAPACITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
| Title: | Full Name: |  |  |
| Address: |  |  |  |
| Postcode: |  |  |  |
| Telephone: |  |  |  |
| Email: |  |  |  |

**I am applying for**

A larger purple bin

An additional food waste caddy

**I am applying because permanently living at this address** (Please tick A, B, or C)

1. There are six or more people.
2. There are two or more children in disposable nappies under the age of 36 months.
3. There is a resident with excess non-infectious healthcare related waste.

**Details of persons living full time at this address**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Permanent resident? (please tick) | Age(if under 18) | Date of Birth(if in nappies) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

**What materials/ items do you have difficulty fitting into your refuse bin?**

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**If you are applying under option ‘C’: please ask your healthcare professional to sign below to confirm your healthcare related waste is non-infectious.**

Name (Print): Position:

Sign: Date:

**Please provide any other information which you feel will help support you application:**

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**Procedure**

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| 1. | For residents applying under**Category** **A**:We may contact you to arrange a visit to your address to carry out a waste audit.A waste audit of your purple bin is part of the application process. If you choose not to participate in this, your application is likely to be rejected. | For residents applying under**Category B**:We may request copies of the children’s birth certificates as proof of their age. | For residents applying under**Category C:**We may contact you to discuss the types of waste you are producing as a result of your medical condition. |
| 2. | After our assessment a decision will be made as to your eligibility for a larger bin* If the decision is not to provide a larger bin you will be notified of the reasons in writing - THIS DECISION IS FINAL
* If the decision supports the application, a larger bin will be exchanged for your current bin.
 |
| 3. | We conduct regular reviews of properties with larger bins and you may be asked to provide evidence of your on-going need for additional capacity.  |
| 4. | Please sign below and return your completed form to **NHDC – Extra Waste Capacity, C/O Urbaser, Works Road, Letchworth Garden City, Hertfordshire, SG6 1LP**By signing below you are confirming the information you have provided on this form is accurate and you give consent for your details to be held in order to provide waste services. Should your circumstances change or you move house you agree to notify the council accordingly. Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Any questions or comments should be directed to 0800 328 6023**

Thank you. This information will be shared with our contractors to provide requested services and securely destroyed when services are no longer required. This data will be retained for a maximum of six years and will be used for the purposes of compliance with NHDC policy and for service delivery.