

# Kerbside recycling application form – not-for-profit organisation

Organisation name \_\_\_\_\_

Our goal is to provide a residential kerbside recycling service for small not-for-profit organisations, including community centres, churches and other organisations.

## Criteria

1. Your organisation is located in the Wellington suburbs ie not the CBD.
2. Your organisation is located in a street which is already serviced by our recycling collectors.
3. Your organisation is a not-for-profit organisation.
4. Your weekly recycling volumes are equivalent to a residential household. Recycling can be contained in one wheelie bin or two recycling bags, and glass can be contained in one green glass crate.
5. Your recycling can be placed on the footpath on the collection day without creating a hazard for users of the footpath.

Organisation name \_\_\_\_\_

Collection point address (this is where the recycling will be collected from) \_\_\_\_\_

Street address (if different from above) \_\_\_\_\_

Contact person's name \_\_\_\_\_ Role \_\_\_\_\_

Telephone number/s \_\_\_\_\_ Email \_\_\_\_\_

Alternative contact person \_\_\_\_\_ Role \_\_\_\_\_

Telephone number/s \_\_\_\_\_ Email \_\_\_\_\_

Number of employees \_\_\_\_\_ Number of volunteers \_\_\_\_\_

Legal status    Trust     Incorporated society     Limited company     Other  – specify \_\_\_\_\_

\_\_\_\_\_

What is the key purpose of your organisation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Wellington City Council Contact**

### **Send completed application form to:**

The Recycling Administrator  
CitiOperations  
Wellington City Council  
PO Box 2199  
Wellington

If you have any queries with regards to this application contact Tony Webster on (04) 383 7460. Your application form will be processed in ten working days of receipt. If your application is approved, you will be contacted by a member of our recycling audit team who will arrange a site assessment to evaluate whether you are eligible for a wheelie bin or recycling bag.

## **Declaration**

I am authorised to act on behalf of the organisation named above. The information supplied here is correct, and I confirm that the organisation named above complies with all 5 of the criteria above.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_