**APPENDIX 1**



**Application form for extra capacity for non-recyclable waste**

**If you live in a large household (6 residents or more) or you put healthcare waste in the** green wheelie bin or require extra recycling bins, please complete all parts of the form below, sign it and send it back to the address below.

**You do not need to complete your waste diary but if you are a household of 6 or more you do need to provide proof of residency for all names listed on the form below.**

If neither of the options above apply to you, you can still fill in the form, then sign it and return it with your completed waste diaries.

**Section A**

|  |
| --- |
| **Title:** |

|  |
| --- |
| **First Name:** |
| **Surname:** |

|  |
| --- |
| **Full Address:** |
| **House Name / Number:** |
| **Street:** |
| **Town:** |
| **Postcode** |

|  |
| --- |
| **Home Telephone:** |
| **Mobile Telephone** |
| **Email Address:** |

**Section B**

Apart from you please list all the residents who live permanently at the address you have given in Section A

**Full Name and are they under 18.**

|  |  |  |
| --- | --- | --- |
| **1** | **Yes** | **No** |
| **2** | **Yes** | **No** |
| **3** | **Yes** | **No** |
| **4** | **Yes** | **No** |
| **5** | **Yes** | **No** |
| **6** | **Yes** | **No** |
| **7** | **Yes** | **No** |
| **8** | **Yes** | **No** |
| **9** | **Yes** | **No** |
| **10** | **Yes** | **No** |

**Section C**

Do you think there are specific reasons that affect the amount of waste produced in your household? For example:- medical conditions, incontinence pads. Please explain briefly.

|  |
| --- |
|  |

**Section D**

Do you use any of the services listed to reduce the amount of waste that you put in your green wheelie bin?

Please circle the ones that apply:

Brown wheelie bin Yes/No

Blue wheelie bin Yes/No

Black wheelie bin Yes/No

Recycling site or household waste recycling centre Yes/No

I understand that the answers I have provided will determine whether or not I am given extra capacity for non-recyclable waste

• I understand that before Tameside MBC can provide my household with additional capacity, an officer will visit my home to carry out a waste audit.

• The waste audit is not applicable to household with 6 people or more and for households with healthcare waste but proof of residency is required for all parties listed on section B

Signed …………………………………………. Dated ………………………………………

Please return to:-

Waste/Recycling Enforcement Services, Tameside MBC, Tame Street, Stalybridge, SK15 1ST