



**FOOTWAY MOWING SERVICE APPLICATION
THE CITY OF CANTERBURY BANKSTOWN**

Council relies on the community spirit of its residents to help maintain the environmental amenity of the area, e.g. the mowing of nature strips. We realise that not all our community is able to carry out this work, therefore Council provides a service to those who meet eligibility requirements.

Please complete this form to enable The City of Canterbury Bankstown Council to determine your eligibility for placement on the Footway Mowing List. This application is for residential properties in The City of Canterbury Bankstown Council.

HOW TO LODGE A COMPLETED FOOTWAY MOWING SERVICE APPLICATION FORM
Applicants are required to submit completed Footway Mowing Service Application Form at Council's Customer Service Centres located at the Upper Ground Floor of Civic Tower building at 66-72 Rickard Road, Bankstown or at 137 Beamish Street, Campsie.

Alternatively, the completed form may be posted to PO Box 8, BANKSTOWN NSW 1885.

1. Name of person making inquiry
2. Name of person requiring the service
3. Address of the person requiring the service
4. Are you renting the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Telephone Number
6. Date of Birth
7. Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>
8. HACC ELIGIBILITY	
8a. Do you currently receive any HACC services? (If yes go to question 9)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type
8b. If no, Do you have a physical disability or mobility problem?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide further information
8c. Does your health prohibit you from mowing the nature strip?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach medical certificate.
9. Does your household have a single or double pension income?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type:.....

10. Do you live alone, or live with someone?	Alone <input type="checkbox"/>	Not alone <input type="checkbox"/>
If not alone, does the other person/s have a medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Do you have family who can assist you with mowing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you presently have a lawn on your property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Who currently mows the lawn within your property?	
14. Who has been mowing your nature strip up until now?	
15. How large is the area of nature strip that requires mowing?	Front Only <input type="checkbox"/>	Front and side (Corner block) <input type="checkbox"/>
	Front, side and back (Corner block with rear lane) <input type="checkbox"/>	
16. Any other comments	

Declaration:

I declare that the above information is true:

Signed:

Date:

PLEASE ENCLOSE DOCTOR'S CERTIFICATE/S IF APPLICABLE.
SHOULD MORE THAN ONE PERSON RESIDE AT THE PREMISES, THAT PERSON IS ALSO REQUIRED TO SUBMIT A DOCTORS CERTIFICATE

For office use only

- | | | |
|----------------------------------|------------------------------------|--|
| 1. Resident status | satisfied <input type="checkbox"/> | not satisfied <input type="checkbox"/> |
| 2. HACC eligibility | satisfied <input type="checkbox"/> | not satisfied <input type="checkbox"/> |
| 3. Income status | satisfied <input type="checkbox"/> | not satisfied <input type="checkbox"/> |
| 4. No mowing by others satisfied | <input type="checkbox"/> | not satisfied <input type="checkbox"/> |

Approved: Not Approved

Comments:.....

Approved applicant must satisfy all eligibility criteria 1-4.

PRIVACY NOTICE

Council is required under the Privacy and Personal Information Protection Act 1998 (PPIPA) to collect, maintain and use your personal information in accordance with the Privacy Principles and other relevant requirements of the PPIPA. Personal information requested on this form will only be used to fulfil the purpose for which it is being collected. Provision of this information is voluntary and is required to help process your application. Council is regarded as the agency that holds the information and access is restricted to council officers and other authorised people. You may apply to access or amend the information. For further information or clarification please contact the Privacy Contact Officer at Council.

BANKSTOWN CUSTOMER SERVICE CENTRE
Upper Ground Floor, Civic Tower, 66-72 Rickard Road,
Bankstown NSW 2200, PO Box 8, Bankstown NSW 1885

CAMPSPIC CUSTOMER SERVICE CENTRE
137 Beamish Street, Campsie NSW 2194
PO Box 8, Bankstown NSW 1885

CANTERBURY-BANKSTOWN COUNCIL
ABN 45 985 891 846 P. 9707 9000 F. 9707 9700
W. cbcity.nsw.gov.au
E. council@cbcity.nsw.gov.au