

Compost Bin Rebate

Application Form



This form must be saved to your computer before completing. Forms completed in a web browser may not save correctly and your application could be lost. Please open and complete this form using Adobe Reader, which can be downloaded for free [here](#).

Date of Compost
Workshop Attended:

Name:

Address:

Phone number:

Email address:

Bank account details for payment of \$55 rebate*

BSB: -

Account number:

Account name:

Signature:

Date:

Please allow 10 business days for the processing of this request.

Proof of purchase attached:

Proof of residency attached:

Office Use

Approved by:

Date:

Account:

GST Code:

Documents to be emailed to enquiries@kalamunda.wa.gov.au. Any queries call (08) 9257 9999

* Terms and conditions applied for this rebate. Please see the [website](#) for details.