Cancellation of Subscription based Opt in Garden Waste Collection Service

Right to cancel

You have the right to cancel this contract within 14 days of opt in without giving any reason.

The cancellation period will expire after 14 days from the day you make the appropriate payment for the Subscription based Opt in Garden Waste Collection Service.

To exercise the right to cancel, you must inform us [Neighbourhood Services, South Ribble Borough Council, Civic Centre, West Paddock, Leyland, PR25 1DH Tel 01772 625625 email info@southribble.gov.uk fax 01772 455685] of your decision to cancel this contract by a clear statement (e.g. a letter sent by post, handed in through Gateway in person, fax or e-mail). You may use the attached model cancellation form, but it is not obligatory.

To meet the cancellation deadline, it is sufficient for you to send your communication concerning your exercise of the right to cancel before the cancellation period has expired.

Effects of cancellation

If you cancel this contract, we will reimburse to you all payments received from you.

We may make a deduction from the reimbursement for loss in value of any goods supplied, if the loss is the result of unnecessary handling by you this includes costs of permits already dispatched, at replacement rate.

We will make the reimbursement without undue delay, and not later than—

(a) 14 days from the day you return the Garden Waste Collection Permit issued to you via 2nd class post, or
(b) if the permit to be supplied to you has not been despatched, 14 days from the day on which we are informed about your decision to cancel this contract.

We will make the reimbursement using the same means of payment as you used for the initial transaction, unless you have expressly agreed otherwise; in any event, you will not incur any fees as a result of the reimbursement.
To SOUTH RIBBLE BOROUGH COUNCIL of CIVIC CENTRE WEST PADDOCK LEYLAND PR25 1DH

I/We hereby give notice that I/we cancel my/our contract for the supply of

A subscription based opt in Garden Waste Collection Service for ...... bins

Please Delete as Appropriate please specify how many subscriptions you wish to cancel

ordered on: ..............................................................................................................

Name of resident(s): ................................................................................................

Address of residents(s): .............................................................................................

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Signature of residents(s): ..............................................................................................

(only if this form is notified on paper)

Date..................................................