

City of Haverhill - Trash Cart Request Form

APPLICANT INFORMATION: _____
First Name Last Name

APPLICANT PHONE #: _____
Phone Number

DELIVERY ADDRESS _____
Street Unit

OWNER OF RECORD (): _____
(Check if same as above) First Name Last Name

HOMEOWNER'S ADDRESS _____
Street City State ZIP

CART REQUEST: (Check ONE Box Below)

New Construction or previously vacant property - No Charge for Initial Cart

RENTAL - Request for additional 64 Gallon Trash Cart(s).

Year 1 = \$150 (\$50 for cart and \$100 for extra trash disposal).

Year 2+ = \$100 per year for extra disposal service.

RENTAL - Request for additional 32 Gallon Trash Cart(s) beyond 64 gallon capacity.

Year 1 = \$115 (\$40 for cart and \$75 for extra trash disposal).

Year 2+ = \$75 per year for extra disposal service.

Quantity Requested: _____

CART SWAP:

I would like to SWAP my 64 gallon cart for one (1) 32 gallon cart.

ADDITIONAL INFORMATION:

APPLICANT SIGNATURE:

DATE:

*By signing this form I hereby certify that I am the owner of the above property and/or assume responsibility for requested cart(s) upon delivery.

**Please fill out and return to: Solid Waste and Recycling Department - 500 Primrose St. Haverhill, MA 01830
or E-mail a copy to fcordano@cityofhaverhill.com**

FOR OFFICE USE ONLY
DEPARTMENT APPROVAL: