

Instructions:

Return this form to the DPW - 500 Primrose St.
Haverhill, MA - M-F 8:00-3:00 pm
or email to fcordano@cityofhaverhill.com



Solid Waste & Recycling
Department of Public Works
500 Primrose Street • Haverhill, MA 01835
P: 978-420-3817 • F: 978-374-2362
www.haverhillma.gov

**Repair/Replacement Request Form
for Damaged City of Haverhill Trash Cart**

I, _____, who reside own / rent
First Name Last Name

at: _____; am reporting to the City of Haverhill
Street Unit

that my city issued trash cart Serial # _____ was unwillingly damaged.

I hereby certify that, to the best of my knowledge and belief, all statements made in this document are true and correct. I am aware that this matter will be reviewed by an Inspector and that perjury and willful false statements will subject me to punishment under the law.

* **Cart Damage :** Lid Wheel/Axel. Cart Body Front Grab Bar

Additional Information: _____

Signature Date

Contact Information:

(_____) _____ - _____ @ _____ . _____
Phone Number Email

Office Use Only	Received by: _____ on ____ / ____ / ____
Original Serial #:	_____
Repairs or work completed:	_____ _____
Replacement Serial#:	_____
I <input type="checkbox"/> have / <input type="checkbox"/> have not investigated this issue and replacement cart(s) has been issued.	
Signed by Inspector: _____ on this ____ th day of _____, 201__	