

Instructions:

Return this form, in person, to the DPW
500 Primrose St. Haverhill. M-F 8:00-3:00 pm
At least one form of official ID is required



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

AFFIDAVIT

Form for Lost or Stolen 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 was stolen or not left behind by prior property owner.

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.

Signature

Date

Contact Information:

(____) _____ - _____
Phone Number

_____@_____._____
Email

Office Use Only

Received by: _____ on ___ / ___ / ___

Lost/Stolen Cart Size: 64 Gal. or 32 Gal. Serial #: _____
Replacement Cart Size: 64 Gal. or 32 Gal. Serial #: _____

I have / have not investigated this issue and replacement cart(s) has been issued. Signed

by Inspector: _____ on this _____ th day of _____, 201_____