



AFFIDAVIT
City of Haverhill Trash Cart Form

Please return to: Recycle@haverhillma.gov

I, _____, who reside [] own or [] Rent
First Name Last Name

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

that I hereby certify, 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. The office must be notified 14 days in advance to changes in owner. Trash carts are City of Haverhill property and should not be removed from address assigned. Any violations to these regulations can result in a fine being issued. There is a one to two week waiting period after request has been processed.

Signature

Date

- [] Stolen
[] Not left behind by prior property owner
[] New Construction
[] Previously Vacant Property
[] Cart Body Damaged
[] Lid Damaged
[] Wheel/Axle Damaged
[] Trash Cart Swap ___ gallon to ___ gallon

Phone Number: _____

Email: _____@_____._____

Trash Collection Day: _____

Additional Information

- [] 64 Gallon Trash Cart Rental
Year 1: \$150 Year 2: \$100
[] 32 Gallon Trash Cart Rental
Year 1: \$115 Year 2: \$75

Rentals will not be issued without prior payment. Department must be notified 14 days prior to owner change for collection of cart.

OFFICE USE ONLY

Trash Collection Day: _____ Parcel ID # _____ Rental Paid: _____

Office Notes

Lost/Stolen Cart: [] 64 gallon [] 32 gallon

Serial # _____

Lost/Stolen Cart: [] 64 gallon [] 32 gallon

Serial # _____

Replacement Cart: [] 64 gallon [] 32 gallon

Serial # _____

Replacement Cart: [] 64 gallon [] 32 gallon

Serial # _____

Signed by Inspector: _____ on the _____ day of _____, 201_____