



Additional Garbage Can Request or Removal

Address: _____

Date: _____

Name: _____

Account Number: _____

Please select:

Requesting a second can: _____ Requesting removal of second can: _____

Signature: _____

By signing above I acknowledge that I will be charged \$10 (plus tax) per month for each additional can.

For Office Use Only:

Date Received: _____ Date Entered: _____ Date of Can Delivery Removal: _____

Name: _____

Title: _____