



Delivering Excellence Every Day

**PUBLIC WORKS & WASTE MANAGEMENT DEPARTMENT
ADDITIONAL GREEN WASTE CART SERVICE REQUEST FORM
FOR RESIDENTIAL USE ONLY**

(To be completed by the property owner only)

Request Date: _____

Property Owner _____

Property Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from property address): _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Daytime Tel: _____ Alternate Tel: _____

Fax: _____ E-mail: _____

I hereby authorize the Public Works and Waste Management Department to deliver _____ additional green waste cart/s to the above address and bill me A NON-REFUNDABLE service fee of \$79.50 per cart each fiscal year (subject to annual adjustment). I understand that the service fee will be prorated if service is started after October 1 and cannot be discontinued during the fiscal year once additional cart service has been activated. ***The initial bill will be sent directly to the property owner. Future charges for the annual service fee will appear as part of the property owner's non-ad valorem waste fee assessment on the proposed tax bill (TRIM Notice) and the final Combined Tax Bill.***

Please mark [X] to indicate the cart size requested:

Green Waste Cart [] 96-Gallon (Standard size) [] 64-Gallon [] 35-Gallon

Property Owner's Signature

Date

Fax the completed Additional Cart Service Request Form to **305-514-6219** or mail to Public Works and Waste Management Department, **2525 NW 62nd Street, 5th Floor, Miami, Florida 33147**, attention **Public Information & Outreach Division**, or email to pwwm@miamidade.gov

DO NOT send payment at this time. You will be billed for service once the additional cart is delivered.

For Public Information & Outreach Division Use Only:

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____



Closed in WCS

Date: _____

Initials: _____



Sent To Accounting

Date: _____

Initials: _____

2525 NW 62nd Street, 5th Floor, Miami, FL 33147, Ph. # 311, Fax # 305-514-6219

www.miamidade.gov/publicworks