DEPARTMENT OF SOLID WASTE MANAGEMENT
ADDITIONAL BLUE RECYCLING CART 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: ______________

Home Tel: ________________ Daytime Tel: ________________ Alternate Tel: ________________

Fax: ______________________ E-mail: ______________________________________

Billing Address (if different from property address):

Apt # __________ City: __________ State: ______ Zip Code: ______________

I hereby authorize the Department of Solid Waste Management to deliver 1 additional Blue Recycling Cart to the above address. I understand that the additional Blue Recycling Cart is free of charge and that the Department can only issue one additional Blue Recycling Cart. No additional Blue Recycling Carts can be purchased.

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

Blue Recycling Cart [ ] 95-Gallon (Standard size) [ ] 65-Gallon [ ] 35-Gallon

________________________________________ ________________________
Property Owner’s Signature Date

Fax the completed Additional Cart Request Form to 305-372-6132 or mail to Miami-Dade County Department of Solid Waste Management, 111 NW 1st Street, 16th Floor, Miami, Florida 33128, attention Public Information & Outreach Division, or email to dswm@miamidade.gov

For Public Information & Outreach Division Use Only:

Serial #: ________________ Size: ______ Date Delivered: ________________ Initials: __________

Serial #: ________________ Size: ______ Date Delivered: ________________ Initials: __________

Serial #: ________________ Size: ______ Date Delivered: ________________ Initials: __________

☐ Closed in CIIM Date: ________________ Initials: __________

☐ Sent To Accounting Date: ________________ Initials: __________