



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.

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

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

Property Owner's Signature _____

Date _____

Please be advised that by signing this form you agree to only place recyclable items accepted in the Miami-Dade County Department of Solid Waste Management curbside single-stream recycling program in your blue recycling cart(s) and that placing non-recyclable items in your blue cart(s) can result in enforcement action.

Fax the completed Additional Cart Request Form to 305-372-6132 or mail to Miami-Dade County Department of Solid Waste Management, 2525 NW 62nd Street, 5th Floor, Miami, Florida 33147, 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 CiRM Date: _____ Initials: _____

[] Sent To Accounting Date: _____ Initials: _____