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: ________________________

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 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 305-514-6219 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:

<table>
<thead>
<tr>
<th>Serial #:</th>
<th>Size:</th>
<th>Date Delivered:</th>
<th>Initials:</th>
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Closed in CiRM

Sent To Accounting

Date: ________________  Initials: ________________

Date: ________________  Initials: ________________

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