



Delivering Excellence Every Day

DEPARTMENT OF SOLID WASTE MANAGEMENT
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: \_\_\_\_\_

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 \_\_\_\_\_ additional green waste cart/s to the above address and bill me A NON-REFUNDABLE service fee of \$160.00 per cart each fiscal year (effective October 1, 2024, and 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. You will be billed directly for this service each year.

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 305-372-6132 or mail to 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.

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: \_\_\_\_\_