



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 \$82.00 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. 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, 111 NW 1st Street, 16th Floor, Miami, Florida 33128, 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: _____