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 $136.50 per cart each fiscal year (effective October 1, 2021, 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: ____________

2525 NW 62ND Street, 5th Floor, Miami, FL 33147, Ph. # 311, Fax # 305-372-6132
www.miamidade.gov/solidwaste

10/21