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 dswn@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: ___________

111 NW 1st Street, 16th Floor, Miami, FL 33128, Ph. # 311, Fax # 305-372-6132 www.miamidade.gov/solidwaste