



Date _____

Additional Poly-Cart Request

Name: _____

Service Address: _____

Mailing Address (If different from above): _____

Telephone: _____

Account Number: _____

Name on Account: _____

Number of additional poly-carts requested: _____

Please Note: Each additional 95-gallon Poly-Cart will be charged to your water bill at a rate of \$5.00 per month. Please allow 3 to 5 days to process this request. Your additional poly-carts will be placed at the curb.

Customer requesting additional poly-carts MUST be named on the account. Requests cannot be processed without the signature of an account owner.

Printed Name

Signature