

REQUEST FOR AN ADDITIONAL GARBAGE CART

By completing this form, the Applicant acknowledges receipt of one or more 95-gallon garbage carts or 65-gallon garbage carts to the property for the collection of residential solid waste generated at the Applicant's dwelling unit and requests an additional garbage cart.

Name:				
Address, City, State, Zip Code:				
Phone Number:				
Email:				
				\$66 for a standard-sized 95-gallonge it delivered to the property.
Please	check which size	garbage cart is b	eing requested a	and number of carts.
	65-gallon - \$61	number of carts	requested:	
	95-gallon (STAND	OARD SIZE) - \$66	number of carts	requested:
Please initial e	each item below,	then sign and da	te at the bottom	indicating your agreement.
Florida, L arrangen	LC ("FCC") and that	Applicant is respons s related to the colle	ible for coordinatir ection of the Additi	reement to FCC Environmental Service ng directly with FCC to make onal Garbage Cart and making the
	f the Applicant need			the payment is being received for the Cart, it is Applicant's responsibility to
_ · · ·	pplicant acknowledges and agrees that the County is and shall remain the owner of the Additional arbage Cart.			
Applicant or Prope		e right to use the Ad	ditional Garbage Ca	art to a successor of the Dwelling Unit
Nam	<u> </u>	Signatu	ıre	Date