



REQUEST FOR REPLACEMENT CART

Property Owner Name: _____

Property Address: _____

Phone Number: _____ Date: _____

Replacement Cart

Trash Container: _____ How many: _____

Recycling Container: _____ How many: _____

Normal wear and tear replacement or repair is free and handled by the Public Works Department (this excludes dirty/scratched containers). This form is for containers that need to be replaced due to negligence, i.e. burning/smashing. There is a one-time fee of \$100.00 for each container that must be replaced.

For Office Use Only

Account Number: _____

Type and number of containers to deliver: _____

Method of Payment: Cash _____ Check # _____ (Payable to Palmer Township)

Entered into Caselle: _____ Date: _____

Entered into Vision: _____ Date: _____