

MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

CUSTOMER ID #: \_\_\_\_\_

*For internal use only*



### ADDITIONAL RECYCLING CART REQUEST FORM

Name of Owner(s): \_\_\_\_\_

Property Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*By signing below, I hereby certify that I am the owner of the above address. I understand that in order to receive a second 96 gallon recycling cart, I must pay a \$25.00 refundable deposit\* I understand that the additional recycling cart is to be used for recyclable items only, and failure to comply may result in removal of the cart. I understand that the cart is the property of the Town of Auburn and must be returned to the Town when I no longer need it or when I move from the above address. It is my responsibility to maintain the cart in a sanitary and workable condition. I also understand that EACH cart must be placed at least five feet apart at the curb on my pick up day so that the mechanical arm of the collection truck may function properly.*

\* Checks should be made payable to the **Town of Auburn**. Cart drop off will be scheduled once payment is received.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**Please return form and payment to: Town of Auburn  
DDIS-Board of Health  
104 Central St  
Auburn, MA 01501**

**For questions please call DDIS-Board of Health at 508-832-7703**