CITY OF OAKWOOD
BUILDING THE FUTURE TOGETHER

Trash Cart Request Form

Section I (Completed by Applicant)

Name: _____ Day Time Phone: _____

Mailing Address: _____

City/State/Zip: _____

Property Address:_____

Number of Roll Carts Required:

One 95 Gallon Trash Roll Cart: Free for Residents as of 12/1/06

Additional 95 Gallon Trash Roll Cart: _____ X $ 50.00 Deposit Each (Quantity)

TOTAL AMOUNT DUE: $_____ (check or money order to City of Oakwood)

Resident's Signature: _____ Date: _____

Section II (Completed by Staff)

Bin number_____ Delivery date: _____

Delivered By: _____

To receive delivery of your City of Oakwood trash cart, please complete the attached request form and drop it off at City Hall or mail it to City of Oakwood, Attn: Solid Waste, P.O. Box 99, Oakwood, GA 30566. If you have any questions, please contact us at 770-534-2365.