



Solid Waste Service Request Form

Section I (Completed by Applicant)

Name: _____ Day Time Phone: _____

Mailing Address: _____

City/State/Zip: _____

Property Address: _____

Number of Roll Carts Required:

City Trash/Recycling Service Free for Residents as of 12/1/06
(This will include 1 trash cart 1 recycling cart and 1 glass bin)

Additional or Replacement

95 Gallon Trash Roll Cart: _____ X \$ 50.00 Deposit Each

95 Gallon Recycling Roll Cart: _____ X \$ 50.00 Deposit Each

15 Gallon Glass Bin: _____ X \$ 15.00 Deposit Each
(Quantity)

TOTAL AMOUNT DUE: \$ _____ (make check/money order payable to City of Oakwood)

Resident's Signature: _____ Date: _____

Section II (Completed by Staff)

Trash Cart number _____ Delivery date: _____

Recycle Cart number _____ Delivery date: _____

Glass Bin Included Delivered By: _____

To receive delivery of your City of Oakwood trash or recycling 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.