

TRASH CART REPLACEMENT

INVOICE

NAME:	_____	PLEASE CHECK ONE
PROPERTY ADDRESS:	_____	PROPERTY OWNER / LANDLORD _____
DELIVERY ADDRESS:	_____	TENANT _____
HOME PHONE:	_____	TYPE OF PROPERTY (PLEASE CHECK ONE)
CELL PHONE:	_____	1 UNIT _____ 2 UNITS _____
EMAIL:	_____	3 UNITS _____ 4 UNITS _____
		5 UNITS _____ 6 UNITS _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	65 Gallon Trash Cart (1-6 units only)	\$35.00	
	65 Gallon Recycling Cart	\$0.00	
GRAND TOTAL:			

PAYMENT TO: CITY OF HARTFORD	AMOUNT
CHECK# _____	\$ _____
MONEY ORDER# _____	\$ _____

PAYMENT RECEIVED BY Print: _____

Signature: _____ Date: _____

FOR OFFICE USE

TRASH CART RECEIVED BY: _____ Date: _____

TRASH CART DELIVERED BY: _____ Date: _____

TRASH CART NUMBER(S) _____

RECYCLING MATERIAL REVIEWED: _____ LIST OF ACCEPTABLE RECYCLABLES _____ RECYCLING CENTER BROCHURE

_____ RECYCLE BANK INFORMATION _____ BULKY WASTE RULES

PLEASE NOTE: Trash cart is City property and the cart must remain at the address for which the cart was purchased.
Please allow 10 working days for delivery

RECYCLING PARTICIPATION IS MANDATORY

Chapter 15, Article 1, Section 9 of the Hartford Municipal Code

CITY OF HARTFORD

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