



ADDITIONAL CITY TRASH CAN REQUEST

Name: _____

Address: _____

Bay City, MI _____

This is an order for additional can(s). Please fill out the following information and return this form by mail or return in person to this office. After this form has been returned to the Sanitation Division, the can(s) will be delivered on the next scheduled trash day.

Please deliver ___ additional can(s) to _____.

*** It is understood that for each can delivered, there will be an additional charge of \$14.30 per can, per month, on the utility bill. ***

Print Name: _____

Signed: _____ Phone: _____

Date: _____ Trash Day: _____

**** These cans are to be used for a minimum of six months. ****

PICTURE ID RECEIVED? YES NO

OFFICE USE ONLY:

Date can(s) delivered _____ Can #'s _____

Message sent to Billers/Accts Receivable for changes: Date: _____

Public Works Department - Sanitation Division
301 Washington Avenue Room #413, Bay City MI 48708
Phone: 989-894-8312 Fax: 989-894-8210