



CLAIM FORM

STOLEN/MISSING CITY TRASH CART(S)

I would like to report to the Sanitation Division that the City owned trash cart assigned to the property listed below has been stolen or is missing.

Address of stolen/missing cart(s): _____

Date of stolen/missing cart(s): _____ # of carts missing: _____

Explanation: _____

Signature: _____

Print name: _____

Today's date: _____

Phone #: _____

RETURN THIS FORM TO: *Sanitation Division
301 Washington Avenue
Room 413
Bay City MI 48708*

For office use only: Cart # Delivered: _____ Date Delivered: _____

Serial # of stolen/missing cart(s) on file: _____

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Sanitation Division
301 Washington Avenue, Suite 413, Bay City MI 48708
989-894-8312 Fax: 989-894-8210