

LAST NAME	FIRST	MIDDLE INITIAL	
NUMBER	DIR	STREET NAME	QUALIFIER
MAILING ADDRESS		CITY	STATE ZIP CODE

RESIDENTIAL GARBAGE CART SELECTION

I HEREBY MAKE THE FOLLOWING CART SELECTION FOR THE ABOVE SERVICE ADDRESS. I FURTHER ACKNOWLEDGE THAT I MUST KEEP THE CART SELECTED FOR A **MINIMUM** OF 30 DAYS (WITH NO PRORATING) BEFORE BEING ALLOWED TO CHANGE AGAIN. IF AT ANY TIME I WISH TO EXCHANGE TO A LARGER RESIDENTIAL CART SIZE, I WILL BE ASSESSED A **TWENTY DOLLAR (\$20.00)** CART EXCHANGE FEE.

32 GALLON CART HOLDS ONE (1) 35 GALLON BAG	64 GALLON CART HOLDS TWO (2) 35 GALLON BAGS	96 GALLON CART HOLDS THREE (3) 35 GALLON BAGS

Please choose cart size and indicate by checking above

<p>I HEREBY ACKNOWLEDGE RECEIPT OF THE CITY OF FAYETTEVILLE <i>GUIDELINES FOR AUTOMATED GARBAGE COLLECTION, RECYCLING & YARD WASTE COLLECTION</i> PROCEDURES. FURTHER, I ACKNOWLEDGE THE RECEIPT OF FOUR (4) EXTRA TRASH BAG STICKERS NUMBERED:</p> <p># _____; _____; _____; _____;</p> <p>SIGN _____ DATE ____/____/____</p>	
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32 Gallon

64 Gallon

96 Gallon