BOROUGH OF FAIR HAVEN

748 River Road

I wish to order an ADDITIONAL CART:



New Jersey 07704

732/747-0241 • FAX 732/747-6962

TRASH CART REQUEST

Each household has received one 95-gallon trash cart and one 95-gallon recycling cart unless another size was previously special ordered. This form is for those who either wish to exchange the size of the containers they already have or to order additional containers. A tipping fee of \$300 will apply for additional garbage containers. Requests for additional carts and exchanges will be processed within five (5) business days.

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95	Gallon Trash	\$55.00		95 Gallor	Recycling	
I wish to <u>EXCH</u>	IANGE MY CU (35 or 6	J RRENT 5 gallon)	(Trash or	Recycling)		_CART
I WOULD PRE	FER to have:					
95 (Gallon Trash			95 Gallon l	Recycling	
NAME						
ADDRESS						
PHONE NUMB	BER					
Please fill out an to the Borough o		ough Hall	with payı	ment. Checks	s should be r	nade payable
FEE:	_ CHECK: #_		CASH:			
REC'D BY:		DATE RE	EC'D:			