

CITY OF WEST ORANGE
APPLICATION FOR CART REPLACEMENT

Name: _____

Date of application: _____ Account #: _____

DL #: _____ State DL issued: _____ *(Copy required)*

Contact telephone # _____

Service Address: _____

Billing Address: _____

Reason for replacement *(use reverse side, if necessary)*:

_____ I do not want my home address, telephone number, driver's license number, amounts billed or collected, or other information provided on this application made available to the public upon request.

_____ I understand that information given by me on this form constitutes a Government Document and all information is true and correct, if it is not, it may be punishable by criminal law. I am further stating that if I am reporting the container as missing, I have no knowledge of the whereabouts of the container.

Replacement of cart(s)/container(s) for normal wear and tear are repaired or replaced *(at Piney Wood's discretion)* at no cost. If other than normal wear and tear there is an \$80 fee that will be charged.

Applicant

City Employee Witness

CITY USE ONLY:

Serial # of cart to be replaced: _____ Replacement Serial #: _____

Notes: _____

Replacement Approved by: _____