



CART ASSISTANCE REQUEST FORM

If filling form out by hand please print clearly.

Date: _____

Customers Information

Customer First Name: _____ Last Name: _____

Service Address: _____

Telephone Number: _____ E-Mail: _____

Date of Request: _____

Cart Assistance Information

Please explain below why assistance is necessary with your solid waste carts:

Is there anyone in the home that can assist you with your solid waste carts?

- Yes
 No
 Sometimes If sometimes, please provide how often: _____

Please explain below how this is currently being handled:

Customers Acknowledgement

BY PROVIDING YOUR SIGNATURE BELOW, YOU ARE CERTIFYING THAT THE INFORMATION THAT YOU HAVE PROVIDED HEREIN IS TRUE AND CORRECT.

AGREED AND UNDERSTOOD:

Customers Signature: _____

Office Use Only:

Date Request Sent to WM: _____

Ticket #: _____

Staff Initials: _____