



CITY OF LINDEN
COUNTY OF UNION
PUBLIC WORKS DEPARTMENT
700 LOWER RD.
LINDEN, NEW JERSEY 07036

CITY OF LINDEN CART REQUEST FORM

Resident/Property Owner's Name _____

Residing At: _____

Delivery Location: _____

Phone # () _____ Date: _____

NON-REFUNDABLE RENTAL FEE: \$60.00 PER CART; LIMIT OF ONE (1) ADDITIONAL EACH

Reason why you need Cart(s)? Please indicate reason below with an (X)

() Additional Cart(s) for my household.

() Additional Cart(s) for tenants living inside duplex/multifamily, or renting another house owned by me.

Please indicate the color of additional cart that is needed by checking each box with an (✓)

Green (Household Garbage) **Blue (Commingled Recycling)** **Brown (Cardboard/Mixed Paper Recycling)**

NO FEE: (X)

() Damaged Cart # _____ () Cart(s) not left by previous owner

() Replacement of stolen cart **(POLICE REPORT REQUIRED)**

RESIDENT SIGN> _____

Please sign and return to address above c/o **Solid Waste Office** with the appropriate fee.

Checks or money orders only and payable to: City of Linden

NOTE TO RESIDENTS: EACH HOUSEHOLD IS ONLY ALLOWED A MAXIMUM (2) OF EACH CART. ALL CARTS ARE THE PROPERTY OF THE CITY OF LINDEN AND MUST REMAIN WITH THE PROPERTY IF SOLD.

(MUNICIPAL USE ONLY)

FEE :\$ _____ CHECK/M.O.# _____ DATE: _____ INITIAL: _____

CART # RECEIVED: _____ DATE RECEIVED: _____