

PUBLIC WORKS DEPARTMENT Michelle Lloyd, *DIRECTOR* 

			OFFICE USE ONLY
		Date Dropped:	
		Trailer Number:	
		Date Picked Up:	
Name (Ple	ase Print):		_
Address: .			
Telephone	:	Date Needed:	
The trailer		elivered to your residence as a <b>courtesy</b> ode of Ordinance on the proper separati e the trailer at any time.	
		** ITEMS MAY NOT BE MIXED **	
The differe	ent categories of bulk trash are (t	hese may not be mixed):	
	White goods, refrigerators, sto		
2. 3.		aterials, and no more than (1) cubic yar 4 feet in length and 6 inches in diamete	
	DO NOT INCLUDE ANY ELEC	CTRONICS, SHINGLES, TAR PAPER OR HA	AZARDOUS MATERIALS!
		picked up the following <u>Monday</u> . We do o deliver a trailer as requested above, o	
	comply with the above guideline propriate fees:	es for proper disposal. Failure to comp	ly may result in a charge of disposal
Signature:		Date: accement of the trailer:	
Please use	the space below to describe his	acement of the trailer:	