



REQUEST FOR RECEIVING OR RETURNING ADDITIONAL TRASH OR RECYCLING CART(S)

Please print or type all information so that it is easy to read. The form should be completed and signed by the person whose name appears on the City of Lewisville water bill. Be sure to date the request form in the space indicated. **Return the form to:**

**City of Lewisville
Customer Service Division
P.O. Box 299002
Lewisville, TX 75029-9002**

The form can also be faxed to 972-219-5097 or emailed to ub@cityoflewisville.com. If you have questions, please contact Customer Service at 972-219-3440.

By signing and submitting this form to the City of Lewisville, the resident agrees to the following:

1. Trash and recycling carts are the property of Republic Services and are assigned to residential addresses, not the current resident.
2. No Republic Services carts will be removed from the address to which the carts are assigned.
3. Recycling carts will be used only for recyclable materials accepted in the City of Lewisville's curbside recycling program.
4. There is a reoccurring fee added to the resident's water bill for additional carts (\$5.51). Resident agrees to pay such fee in addition to the basic water and refuse fees.
5. For removal of extra cart(s), resident must submit this completed and signed form. Once the form has been received and recovery of the cart(s) is made, the additional charge will be dropped from the water bill.
6. Residents must keep at least one 96-gallon trash cart assigned to the address. Trash will not be collected unless the trash cart is used.
7. Resident requesting removal of the recycling cart acknowledges that the cost of recycling is included in the monthly fee for trash service included on the water bill. Resident is agreeing to continue paying that fee in full even though resident is returning the recycling cart.

REQUEST FOR RECEIVING ADDITIONAL CART(S)

REQUEST FOR RETURNING CART(S)

TRASH CART _____ **RECYCLE CART** _____ **# CARTS REQUESTED** _____

SERIAL # OF CART IF RETURNING _____

WATER ACCOUNT NUMBER _____

NAME ON ACCOUNT _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE

DATE OF REQUEST

FOR OFFICE USE ONLY: **Cart #** _____
DATE CART DELIVERED: _____ **DATE CART PICKED UP:** _____