

Town of Hampton



APPLICATION FOR RECYCLING AND REFUSE CARTS

Date: _____

Tax Map and Lot: _____

Physical Address: _____

Structure Type (circle one): Single Family, Condominium, Commercial, Other _____

Property Owner: _____

Mailing Address: _____ Phone #: _____

Recycling Cart: Size requested (circle one): 35 64 96
 Quantity requested: _____

Refuse Cart: Size requested (circle one): 35 64 96
 Quantity requested: _____

Reason for cart request: _____

<u>Cart Size</u>	<u>Cost</u>	<u>Quantity</u>	x	<u>Cost</u>	<u>Amount Due</u>
35 gallons	\$38	_____	x	\$38	_____
64 gallons	\$45	_____	x	\$45	_____
96 gallons	\$47	_____	x	\$47	_____
Total Due:					_____

Transfer Station Foreman: _____ **Approved** **Denied**

Director of Public Works: _____ **Approved** **Denied**

Amount paid \$ _____ Date: _____ Check # _____

Recycling Issued:	Recycling Returned:	Refuse Issued:	Refuse Returned:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____