CITY OF CONNERSVILLE

CITY CLERK-TREASURER ROSEMARY BROWN 500 N. CENTRAL AVENUE CONNERSVILLE, IN 47331 Phone: 765-825-1271 Fax: 765-827-0858

TRASH TOTE ADDITIONAL REQUEST FORM

I,	(name), am requesting(quantity)
trash toter(s) to be used at	(property
address). I agree to pay a deposit of Seventy-Fi	ve Dollars and no/100 (\$75.00) for each
additional toter and understand there will also b	e an additional monthly charge of Seven
Dollars and no/100 (\$7.00) added to my monthly	y Utility Bill for trash pick-up per Ordinance
No. 6564. The deposit of Seventy-Five Dollars	and no/100 (\$75.00) each will be refunded
when the toter(s) is(are) no longer needed and is	s returned to the Connersville Street Department
in working condition.	
(Pursuant to Ordinance #6022, an Ordinance Go	overning the Collection and Disposal of Trash,
Garbage and Refuse within the City of Conners	ville)
signature)	(date)
signature)	(date)
phone number)	
phone number)	