



TOWN OF BILLERICA
Department of Public Works

Town Hall, 365 Boston Road
Billerica, Massachusetts 01821
PH: (978) 436-9178 FAX: (978) 671-0906

Application Date: _____

APPLICATION FOR AUTOMATED TRASH CART(S)

Application must be fully completed, with all required backup, prior to delivery of trash carts.

NAME OF APPLICANT: _____

PHONE: _____ OTHER PHONE: _____

ADDRESS: _____

NUMBER OF TRASH CARTS REQUESTED: _____

- Additional cart need for overflow trash (Must attach checks as described below).
- New construction, property never received trash cart (Must attach copy of Occupancy Permit).
- Cart Stolen (Must include copy of Police Report, with cart number noted).

REMARKS: _____

THE UNDERSIGNED APPLICANT BEING FAMILIAR WITH THE REQUIREMENTS OF THE TOWN OF BILLERICA DPW DOES HEREBY AGREE TO ADHERE TO THE TOWN OF BILLERICA TRASH AND RECYCLING REGULATIONS:

- ~ Recycling is mandatory in the Town of Billerica. Recyclable materials must not be placed into trash carts.
- ~ Trash carts are for residential household refuse, and shall not contain "waste ban" items such as recyclable material (cardboard, paper, bottles, jars, cans, etc.), construction debris, yard waste, hazardous materials, white goods or appliances such as TV's, computer monitors, air conditioners, tires, large metal items, etc.

For purchased Additional Trash Carts:

- ~ A refund of 50% will be given for carts returned in good condition prior to December 31 of the service year. No refunds will be given after December 31.
- ~ Total Fees of \$165 are required for the first year, and a disposal fee (currently \$100 per year) will be billed by the Town annually thereafter, due by June 15 every year. The cart remains the property of the Town of Billerica, and must be returned to the Town of Billerica when additional cart is no longer needed.
- ~ Payable in 2 checks: One check for \$65.00 to ALLIED WASTE (First year of additional barrel use only), and one check for \$100 to TOWN OF BILLERICA. Payment covers service year from July 1 to June 30.

APPLICANT SIGNATURE: _____

PRINT NAME: _____

DATE: _____

DO NOT WRITE BELOW THIS LINE

	CART NUMBER: _____	SERIAL NUMBER _____	DATE DELIVERED _____
\$ _____	CART NUMBER: _____	SERIAL NUMBER _____	DATE DELIVERED _____
BARREL FEE	CHECK # _____		
\$ _____	CART NUMBER: _____	SERIAL NUMBER _____	DATE DELIVERED _____
DISPOSAL FEE	CHECK # _____		