



## Additional Sanitation Cart Request Form

(For Residential use only)

Utility Account Name: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Service Address: \_\_\_\_\_

Utility CID#: \_\_\_\_\_ Utility Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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I certify that I am the Utility account holder and hereby authorize the City of Miramar to schedule delivery of \_\_\_\_\_ additional sanitation/recycling cart(s) to the above address. I understand that there will be additional fees billed monthly to my Utility bill for each additional cart where applicable. I also understand that service of any additional sanitation cart(s) must be continuous on a monthly basis for a minimum of one year. Early cancellation will result in the account being billed for the duration of that said year.

96 Gallon Monthly fee \$ 9.26 Quantity: \_\_\_\_\_

\_\_\_\_\_  
Account Holder's Signature

\_\_\_\_\_  
Date

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**For Office Use Only:** Date Request Sent Waste Pro: \_\_\_\_\_

Date Cart Delivered by Waste Pro: \_\_\_\_\_ Cart Serial #: \_\_\_\_\_

Sent to Utility Billing at: [wbcustomerservice@miramarfl.gov](mailto:wbcustomerservice@miramarfl.gov) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Charges updated: UB Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Billing Date: \_\_\_\_\_  
[wbcustomerservice@miramarfl.gov](mailto:wbcustomerservice@miramarfl.gov)