



Delivering Excellence Every Day

FORKS TOWNSHIP PUBLIC WORKS
NEW RESIDENT WASTE/RECYCLING CART REQUEST FORM
FOR RESIDENTIAL USE ONLY

(To be completed by the property owner only)

Request Date: _____

Property Owner: _____

Property Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Daytime Tel: _____ Alt. Tel: _____

Fax: _____ Email: _____

Billing Address (if different from property address): _____

Apt# _____ City: _____ State: _____ Zip Code _____

I (print name) _____ hereby state the above facts and information are accurate and complete, acknowledge that any false information contained within this application may be subject to penalty of law and grounds for revocation and rejection.

Property Owner's Signature

Date

Fax the completed New Resident Cart Service Request Form to 610-438-2831 or mail to Department of Public Works, 1606 Sullivan Trail, Easton, Pa 18040, or email to skramer@forkstownship.org

Internal Office Use Only

Finance _____

Employee Signature

Public Works _____

Employee Signature