

# CITY OF OCEAN SPRINGS

City Hall:  
1018 Porter Avenue  
P. O. Box 1890  
Ocean Springs 39566-1890

Phone: 228-875-4176  
Fax: 228-875-7249

## Application for Monthly Rental of 96 Gallon Trash Can

Date: \_\_\_\_\_

*Please Print*

**NAME:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

**SERVICE ADDRESS:** \_\_\_\_\_  
(Location)

**ACCOUNT NUMBER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

### ***NEW CART REQUEST:***

Customer request \_\_\_\_\_ cart(s) to be delivered to the above address.

### ***ADDITIONAL CART REQUEST:***

Customer request \_\_\_\_\_ additional cart(s) to be delivered to the above address.

### ***REPLACEMENT CART REQUEST:***

Customer request \_\_\_\_\_ cart(s) to be replaced at the above address.

### ***CART REMOVAL REQUEST:***

Customer request \_\_\_\_\_ cart(s) to be removed from the above address

### ***RECYCLE BIN REQUEST:***

Customer request \_\_\_\_\_ recycle bin to be delivered.

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_

**Confirmation #** \_\_\_\_\_