

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:

(Applicant or Business 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 # _____