



Town of Bridgewater
Resident Extra Refuse Cart Use Form

Date Received: _____

Resident Name: _____

Service Address: _____

Contact Phone Number: _____

Utility Account Number: _____

Residence: _____ Rent OR _____ Own

Landlord Name: _____

Check the size of the extra to rent (\$1.00 per month):

_____ 96 Gallon Refuse Cart

_____ 64 Gallon Refuse Cart

_____ 35 Gallon Refuse Cart

This form may be returned to the Town Office at 201 Green Street or signed and emailed to sanitation@bridgewater.town

I certify that I am requesting that this lease be executed with the Town of Bridgewater and agree to pay the lease rate established from time to time by the Bridgewater Town Council for the above cart(s) I have requested. **I understand that I may stop the lease only in February or October.** I understand that if the lease is terminated or if I move from the above residence, I will leave the container for the next resident or contact the town to schedule collection of the leased container.

Resident or Landlord Signature

Date