

TOWN OF CHESHIRE

Solid Waste Container Application 84 South Main Street, Cheshire, Connecticut 06410 Phone: 203-271-6650 Fax: 203-271-6659

The Town of Cheshire recently implemented a new automated solid waste collection program. As part of this process, each residence has been assigned a gray trash container, either 96-gallon or 64-gallon. The Town Council indicated that residents would be able to exchange their container several months after the initial distribution period, provided that a sufficient number of requested containers were available. Residents with existing medical conditions or disabilities will be given first priority for smaller containers (64-gallon).

For all requests, residents must complete the form below and return it to the Public Works Department by Monday, July 1, 2019 in person or by mail:

Town of Cheshire, Public Works Department 84 South Main Street Cheshire, CT 06410

Applications will be reviewed in July and residents will be notified of their application status and the exchange procedure. Please continue using your assigned container until that time.

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Name:										
Email (preferred):		or Phone:							_	
Address:		, Cheshire, CT								
10 Digit Serial	number located on your current unit								Î	
Reason for rec	quest, Please check (one) box:			•						
	Due to a medical condition or disability, I would like to exchange my 96-gallon container for a SMALLER unit. I am attaching documentation of my condition from a medical professional or confirmation that I am receiving a disability benefit from one of the following agencies(circle) Federal State Local									
	I would like to exchange my 64-gallon container for a LARGER unit . (reason:)									
	I would like to exchange my 96-gallon container for a SMALLER unit . (reason:)									
No	te: All requests will be time and date sta	mped and wil	l be fi	lled ir	n orde	r of th	neir re	eques	t	
Signature:						Date	:			