



Bill Bazzi
Mayor

Request for Additional Waste/Recycling Receptacles

Name: _____

Address: _____

Phone #: _____

96-Gallon Trash Cart (\$65.00)

64-Gallon Trash Cart (\$65.00, or \$40.00 with a doctor's note)

64-Gallon Recycling Cart (\$65.00)

*I have enclosed a doctor's note and am therefore paying only \$40.00 for the 64-gallon trash cart.

Please make checks payable to the City of Dearborn Heights.