

City of Big Sandy

Utilities Department
Water | Sewer | Sanitation
PO Box 986 ~ Big Sandy, Texas 75755
903.636.4343 ~ 903.636.4413 fax
clerk@bigsandytx.gov

Request New or Replacement Trash Cart

Please fill out the form below to request a Repair/Replacement or Additional Trash Cart.

Contact Information		
Date of Request:		Account #:
Name:	Last:	First:
Phone #:	Home:	Cell:
Billing Address:		
Email Address:		
Street address w	nere trash cart is Ic	Cart Information cated:
What are you re ☐ Replace existi Reason for repla	ng trash cart	□ Receive additional trash cart □ Need trash cart
☐ Broken Lid		ken Wheel 🔲 Cracked Cart
curbside to be re	placed. Make sure	of Allied Waste and will need to be left at the you provide a phone number where you can be tion is needed to replace your cart, which normally
	-	provided on this request may be available to the public ile for at least two years.
, •	licates that I have i information is corr	read, understand, and agree to all conditions and that rect.
Signature:		Date: