

# FACSIMILE TRANSMITTAL

## SOLID WASTE/RECYCLING SERVICE REQUEST

TO: District Inspections, Operations and Emergency Management  
 District Utilities Administration

DATE: \_\_\_\_\_

305-995-1550  
 FAX NO.: 305-371-3123

FROM: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Print Name)

LOCATION NO.: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

FACILITY/SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

### ROLL-OFF DUMPSTER (ONE FORM PER ROLL-OFF DUMPSTER)

EXCHANGE ROLL-OFF DUMPSTER NUMBER: \_\_\_\_\_  
(Must be provided for service)

REMOVE DUMPSTER NUMBER: \_\_\_\_\_  
(Must be provided for service)

FUNDING STRUCTURE REQUIRED:    Fund            Object            Location            Program            Function  
**(MAINTENANCE ONLY)**

NEW ROLL-OFF DUMPSTER:    **CIRCLE SIZE:**    20    30

NEW ROLL-OFF DUMPSTER LOCATION: \_\_\_\_\_  
(Attach a memo from the principal explaining the request for a new roll-off dumpster)

### **TRASH/RECYCLING DUMPSTERS**

MISSED PICK-UP DATE: \_\_\_\_\_  
(Notification is required by 9AM the following day for corrective action)

EXTRA PICK-UP DATE: \_\_\_\_\_  
(Please allow at least one day notification in advance of date required)

RELOCATE DUMPSTER(S) FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_

REMOVE DUMPSTER(S): \_\_\_\_\_ NEW TRASH DUMPSTER:    **CIRCLE SIZE:**    2    4    6    8

NEW TRASH DUMPSTER LOCATION: \_\_\_\_\_  
(Attach a memo from the principal explaining the request for a new trash dumpster. Strict guidelines must be met)

DUMPSTER CONDITION						
DUMPSTER SIZE	1	2	4	6	8	CARDBOARD
QUANTITY						
NEEDS DISINFECTANT						
ITEM REQUIRING REPAIR						
LIDS						
PLUGS						
WHEELS						
BODY						

<b>FOR OFFICE USE ONLY</b>			
FAXED BY: _____	DATE: _____	TIME: _____	NEW CONTAINER APPROVAL: _____