



Refuse and Recycling Division

Maintenance and Environmental Services
212 West Willow Street
Carbondale, IL 62901
Telephone (618) 457-3275
Fax (618) 549-0668
www.carbondalerecycles.com

Extra Solid Waste Pickup Request

I, _____, as resident / property owner of _____
(print name) (circle one) (street address of request)

do hereby and voluntarily request an Extra Solid Waste Pickup. I understand that this service comes with a separate and additional charge(s); that the collection is timed; and that the fee for the service is based on the amount of time it takes City staff to pick up the solid waste that has been properly placed at the curbside for disposal. I understand I will be billed for this service and agree to pay the extra fee of \$15 for the first minute plus \$7.50 for each additional and partial minute. My billing address and contact information are as follows (please print):

Name: _____

Company: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

By my signature and date below, I hereby agree that I have ordered and will pay all fees associated with an Extra Solid Waste Pickup.

Signature: _____ Date: _____

For Office Use Only:

Date Collected: _____ Collected By: _____

Duration of Collection (Minutes & Seconds): _____

Charges: \$ _____ Invoiced by: _____ Date Invoiced: _____