



**CITY OF NIAGARA FALLS
DEPARTMENT OF PUBLIC WORKS
1785 NEW ROAD
NIAGARA FALLS, NY 14304**

CHANGE IN SERVICE REQUEST FORM - REFUSE AND RECYCLING CARTS

PROPERTY OWNER NAME: _____

PROPERTY ADDRESS: _____

PLEASE COMPLETE APPLICABLE SECTION(S)

REFUSE CARTS

Additional refuse carts needed (place an "X" in related box to identify the additional carts needed):

1

2

Reduction in refuse carts (place an "X" in related box to identify the number of carts to remove):

1

2

3

4

RECYCLING CARTS

Additional recycling carts needed (place an "X" in related box to identify the additional carts needed):

1

2

Reduction in recycling carts (place an "X" in related box to identify the number of carts to remove):

1

2

1. Please note you are required to maintain at a minimum one refuse and one recycling cart at each residential property.
2. Please attach to this request form a statement explaining why a change in service is necessary.
3. Service change requests are free of charge if submitted during the month of January. Only one (1) change allowed per property during the month of January. Any requested change made outside of January will result in an administrative fee as determined by the City.
4. By signing below, I confirm that I am the property owner of the identified address of this service request change.
5. If your service request is denied by the City, the Property Owner will be notified via regular mail as to why we are unable to process the request.

PROPERTY OWNER SIGNATURE _____

PROPERTY OWNER ADDRESS (if different from above) _____

PROPERTY OWNER PHONE NUMBER _____

DATE _____

Deliver or mail completed form to: CITY OF NIAGARA FALLS
DEPARTMENT OF PUBLIC WORKS
1785 NEW ROAD
NIAGARA FALLS, NY 14304