



**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	<input type="checkbox"/>
2	<input type="checkbox"/>

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

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>

**RECYCLING CARTS**

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

1	<input type="checkbox"/>
2	<input type="checkbox"/>

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

1	<input type="checkbox"/>
2	<input type="checkbox"/>

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) \_\_\_\_\_

DATE \_\_\_\_\_

Deliver or mail completed form to: CITY OF NIAGARA FALLS  
DEPARTMENT OF PUBLIC WORKS  
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