



REFUSE CART ORDER FORM

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: _____

EMAIL ADDRESS: _____

____ Initial here to acknowledge Per Section 273-6 Collection of Refuse: if multiple carts placed at a single location, the carts shall be placed **at least five feet apart**.

CART SIZES SUBJECT TO AVAILABILITY

Size of Cart: 96 Gallon Cart (\$100) Quantity: _____

Payment Method: Cash – Amount Paid: _____

Payment Method: Check – Check No.: _____

Make checks payable to: TOWN OF CEDARBURG

Mail to: Cedarburg Town Hall
1293 Washington Avenue
Cedarburg, Wisconsin 53012

The carts are Blue. To purchase a cart, this order form will need to be completed (use this printable version or fill one out at Town Hall). Payment will be required when the order form is submitted. All refuse carts can be delivered to individual residences or taken from Town Hall immediately after purchasing.

Questions? Call 262-377-4509



Dated purchased: _____ Date Delivered _____

Receipt# _____ Cart# _____