

Account # _____ - _____ - _____



City of Cleveland Extra Cart Cancellation

Name: _____

Address: _____

Phone: _____ - _____ - _____

Email: _____

Please remove the extra cart(s) from the address listed above.

Customer Signature: _____

Date: _____

City of Cleveland Staff

Received by: _____

Date: _____

_____ Sent to Frontier Waste
_____ Cart Removed

_____ Customer Account Updated