

REQUEST FOR CITY SOLID WASTE COLLECTION FOR BUSINESS



RETURN COMPLETED APPLICATION TO:

COMMISSIONER OF PUBLIC WORKS
CITY OF RACINE
730 WASHINGTON AVE ROOM #304
RACINE WI 53403

OR FAX:

(262) 636 9142

DATE: _____

BUILDING ADDRESS _____

NAME OF BUSINESS AND/OR BUILDING _____

NAME OF PERSON MAKING REQUEST _____

OWNER OF BUILDING _____ OWNER'S TELEPHONE # _____

OWNER'S ADDRESS _____

CONTINUING OR NEW BUSINESS _____

TYPE OF BUILDING: STORE RESTAURANT/BAR GAS STATION CHURCH PRIVATE SCHOOL

CONDOMINIUM MULTI FAMILY RESIDENCE - NUMBER OF DWELLING UNITS _____

OTHER - DESCRIBE _____

IF COMBINED BUSINESS & RESIDENTIAL WHICH IS THIS REQUEST FOR? _____

NUMBER OF 95 GALLON CONTAINERS REQUESTED _____ GARBAGE PICKED UP AT : CURB ALLEY

SIGNATURE OF APPLICANT

SIGNATURE OF PROPERTY OWNER

FOR OFFICE USE ONLY

IS PROPERTY ZONED PROPERLY: YES NO DOES THIS REQUEST MEET VOLUME RESTRICTIONS? YES NO

DOES THIS PROPERTY MEET THE DEFINITION OF "ON-STREET BUSINESS"? YES NO

REQUEST APPROVED? YES NO REASON FOR DENIAL _____

DATE SOLID WASTE COLLECTION CAN BEGIN _____

DATE RECYCLING COLLECTION CAN BEGIN _____