



# City of St. Augustine

## PUBLIC WORKS DEPARTMENT SOLID WASTE DIVISION WORK REQUEST FORM

Date:	
Requestor's Name:	
Requestor's Address or Department:	
Requestor's Phone No.:	
Project Cost Code / Water Account Number	

<b><u>Type of Container (Requestor)</u></b>		
Dumpster, #	Roll Off, #	Carts, #

<b><u>Type of Waste (Requestor may check more than one box)</u></b>		
<input type="checkbox"/> Household Waste	<input type="checkbox"/> Yard Waste	<input type="checkbox"/> Construction Materials
<input type="checkbox"/> Pressure Treated Lumber	<input type="checkbox"/> Recycle	The City will not accept Hazardous Waste

<b><u>Brief Description (Requestor)</u></b>
Address of property:
Location to be placed on the property:
Preferred Date and Time of Delivery:
Preferred Date and Time of Pick up:
Additional Information:
Please provide at least 48-hours notice for all requests. Any missing information may delay the scheduling of your request. Please fax completed forms to 904-825-1051 or e-mail completed forms to request@ci.st-augustine.fl.us. Questions, please call 904-825-1040.

<b><u>Action (Solid Waste Division)</u></b>	
Person who responded:	
Date Responded:	