

DUNCAN PUBLIC UTILITIES  
REQUEST FOR ADDITIONAL POLYCARTS

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NAME

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ADDRESS

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DPUA ACCOUNT NUMBER

By signing below, I understand that I have requested \_\_\_\_\_ additional polycarts to be delivered to my above address. The additional fee is \_\_\_\_\_. I also understand that I will be required to keep the requested additional cart(s) for at least one year before I can request additional cart(s) to be picked up.

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SIGNATURE

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CUSTOMER SERVICE REPRESENTATIVE

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DATE