

DUNCAN PUBLIC UTILITIES
REQUEST FOR ADDITIONAL POLYCARTS

NAME

ADDRESS

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.

SIGNATURE

CUSTOMER SERVICE REPRESENTATIVE

DATE