



Bulk Item Collection Request Form

Name:	
Address:	
Phone:	
Email:	

All information is required in the event the city needs to contact you regarding this request

I request the following items be collected:

1. _____
2. _____
3. _____

Additional Items:

4. _____
5. _____
6. _____

The City will:

- Only collect those items included on this form: (Dining table and 4 chairs = (1) Item; Mattress/box spring with frame = (1) Item: 3-piece bedroom suite = (3) Items.)
- Only collect items placed at the end of your driveway or within the tree lawn area next to the driveway. Items will not be collected if stored in a garage, shed or other out-building, or if obstructed by vehicles or other barriers.

Method of payment:

- Check # _____ in the amount of \$ _____ made payable to "City of Delaware"
- Cash paid at Public Works in the amount of \$ _____. (Exact change is required)

*****All payments are non-refundable*****

Applicant Signature: _____ **Date:** _____

Office Use

Staff Initials: _____ Date: _____ Receipt Provided

Your Scheduled Date of Collection is: _____

Your copy of this approved application serves as a receipt of payment