

TOWN OF CHESHIRE, CONNECTICUT
RESIDENTIAL SOLID WASTE PROGRAM
APPLICATION FOR NON-CURBSIDE COLLECTION



To The Applicant: Please fill out this entire form and return to
Public Works Department
84 S. Main St.
Cheshire CT 06410

All members of the household must sign on the reverse certifying their age (over 70).

NOTE: Once this application has been approved and processed, your trash/garbage pick-up will be collected weekly on your usual pick-up day. Your green recycle container will be picked up on every other TUESDAY (town-wide).

Leave your trash and recycle containers by the garage or other convenient location the night before. The haulers will come up your driveway, empty the containers, and return them to your designated location.

PLEASE PRINT

My usual trash pick-up day is _____

Address NUMBER AND STREET NAME

Name LAST

FIRST

MIDDLE INITIAL

Mailing address (if different)

NUMBER AND STREET

CITY

ZIP CODE

TELEPHONE NUMBER () _____

EMAIL _____

--OVER--

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CERTIFICATION OF ELIGIBILITY

THE FOLLOWING IS A COMPLETE LIST OF ALL RESIDENTS OF SAID PREMISES OVER 14 YEARS OF AGE:

RESIDENT #1

NAME: _____ DATE OF BIRTH _____

_____ I am over seventy (70) years of age and am providing proof of age

I certify this statement and affix my signature:

Signature

Date

RESIDENT #2

NAME: _____ DATE OF BIRTH _____

_____ I am over seventy (70) years of age and am providing proof of age

I certify this statement and affix my signature:

Signature

Date