



REQUEST FOR ADDITIONAL TRASH TOTE

Date of Request: _____

Account Number: _____

Account Name: _____

Service Address: _____

Contact Email: _____

Phone Number: _____

Number of Additional Totes Requested: _____

I understand that I will be billed \$4.00 per month for a minimum of twelve consecutive months for each additional tote I am requesting. This charge will appear on my Town of New Market monthly water and sewer bill.

Signature: _____