

PLEASE PRINT
City of Whitewright
P. O. Box 966
Whitewright, Texas 75491-0966
(903) 364-2219, Fax (903) 364-3001

Request for 2nd Poly Cart

(Name on Account) Today's Date _____

Trash Services at:

(Service Address) (Account Number) _____

(Name making request)

Mailing address: _____

Phone # _____

I am requesting a second polycart for Solid Waste service to begin _____ (date) at _____,
(location) in Whitewright, Texas. I understand that the fee for this service will be \$7.95 plus tax additional to my
monthly utility bill through the City of Whitewright.

Requestor _____
(Signature)

Requestor _____
(Name Printed)