



Garbage Cart Assistance Form

Please fill out this form if there is no one in your residence who is physically able to move your 96-gallon garbage cart to and from its collection location.

Name: _____ Telephone: (____) _____

Account #: _____

Address: _____

Is this a temporary or permanent need?

☐

Permanent

☐

Temporary

If temporary, duration of assistance requested and: _____
(e.g. 6 weeks, 3 months, etc.)

☐ I wish to have an employee of the Town move my 96-gallon garbage cart to and from its collection location every week for the duration of my needs, as outlined above.

☐ I wish to request two (2) 48-gallon carts at no additional cost. I will assume all responsibility for moving my garbage cart(s) to and from their collection location every week.

I confirm there is no one residing in this residence that is able to fulfill the task of moving the 96-gallon garbage cart(s) to the curb on collection day.

Citizen Signature: _____

Date: _____

Please mail to: Town of Christiansburg
Attn: Garbage Assistance
100 E Main St.
Christiansburg, VA 24073

Once this form is submitted and processed, a town employee will contact you to make arrangements. If you have any questions, please call (540) 382-9519.