



THE TOWN OF WINTHROP

DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE AND RECYCLING

100 KENNEDY DRIVE, WINTHROP, MA 02152 617-846-1341 X 2609



## REQUEST FOR ADDITIONAL 64-GALLON TRASH BIN FORM

**OWNER NAME:** \_\_\_\_\_

**BILL NUMBER:** \_\_\_\_\_

**BIN NUMBER(S):** \_\_\_\_\_

**BIN LOCATION:** \_\_\_\_\_

**NUMBER OF UNITS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**Request for an additional 64-gallon bin:** The owner requests to add an additional 64-gallon trash bin in addition to the allocated number of bins per dwelling. The second trash bin fee annually is \$280.00. This fee is in addition to the base fee of \$160.00 per unit, per dwelling. The Solid Waste Collection Fee account must be current. The \$280 fee must be paid in full before delivery. Per M.G.L. c. 40, s. 58, unpaid fees will be leined to the aforementioned property.

**OWNER STATEMENT:** I, \_\_\_\_\_, owner of \_\_\_\_\_, of Winthrop, MA, under pains and penalties of perjury, certifying the aforementioned agree to pay in full my annual solid waste and recycling collection fee and understand the additional bin is assessed in addition to the base fee for solid waste and recycling collection.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
*OFFICIAL USE ONLY*

**FISCAL YEAR:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_

**DENIED:** \_\_\_\_\_

**ENTERED IN SYSTEM:** \_\_\_\_\_

**REASON:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_