EST 1808
CITY OF
DELAWARE
OHIO

Bulk Item Collection Request Form

Name:	
Address:	
Phone:	
Email:	

I request the following items be collected:

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Items:

6. _____
7. _____
8. _____

The City will:

- Only collect those items included on this form: (Dining table and 6 chairs = (1) Item; Mattress/box spring with frame = (1) Item: 3-piece bedroom suit = (3) Items.)
- Only collect items placed at the end of your driveway or within the tree lawn area next to the driveway. Items will not be collected if stored in a garage, shed or other out-building, or if obstructed by vehicles or other barriers.

Method of payment:

☐ Check #_____ in the amount of $_____ made payable to "City of Delaware"

☐ Cash/Money Order paid at Public Works in the amount of $_____.

Applicant Signature: _____ Date:_____

Office Use

Staff Initials: _____ Date: _____ ☐ Receipt Provided

Your Scheduled Collection date is: _____

*Have items to the curb by or before **7:00 a.m.** the day of collection.*

City of Delaware Public Works*440 E. William St.*Delaware Ohio 43015
Phone: 740-203-1810