



City of Springfield, Massachusetts
BIN REPLACEMENT REQUEST FORM

Date Received:

Instructions:

- Fill out completely, date and return to the City Collector, 36 Court Street, Room 112, Springfield, MA 01103. If your name is different from the property owner's name, you will have to provide proof of ownership. For more information, call **(413) 787-6000** or visit www.SpringfieldCityHall.com.
- **ONLY USE THIS FORM IF YOU WISH TO REPLACE BIN(S) THAT WERE STOLEN / DESTROYED / MISSING.**
- A POLICE REPORT DETAILING THE THEFT OR DESTRUCTION (by a person other than the owner of the property) **MUST BE PROVIDED WITH THIS FORM.**
- If you wish to request additional bin(s), or if you cannot provide required documentation for the replacement of bin(s) at no charge, please use the Additional Bin Purchase Form.

Parcel ID (if known): ▶		Number of Dwellings / Units: ▶	
Type of Property: ▶	<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Residential Multiple Dwelling	<input type="checkbox"/> Non-Residential
Name of Owner(s): ▶			
Service Location: ▶			
Mailing Address (if different): ▶			
Daytime Phone Number: ▶		Alternate Phone Number: ▶	
No. of Replacement Trash Bins: ▶		Requested Bin Drop-off Date: ▶	
▼ Check the applicable reason for replacement below.		Provide the required documentation listed below. ▼	
1	<input type="checkbox"/> Missing or Stolen Bin(s)	Police report detailing the circumstances and number of bin(s).	
2	<input type="checkbox"/> Destroyed Bin(s) – by a person other than the owner	Police report detailing the circumstances and number of bin(s).	
3	<input type="checkbox"/> Defective Bin(s) – defects include but are not limited to: missing or damaged lids, missing or damaged wheels; broken handle or flipper / arm receiver, cracked container body, etc.		

Incomplete forms will not be processed. The city will process the request for a replacement of missing / stolen / destroyed bin(s) upon filing this form. Your trash fee account(s) must be current before the request for replacement container(s) is processed.

The property owner is signing this form under the penalties of perjury as to the truthfulness of the information contained herein or attached hereto. Intentional misrepresentation of facts on this form may result in cancellation of the replacement bin(s) delivery. DPW reserves the right to confirm the visible count of billable bins assigned to the property in the field before any delivery is authorized.

A trash bin is considered defective if, at the sole determination of DPW, its parts are not performing to the operational specifications. DPW at its sole discretion as to the method of remedy shall repair or replace such a defective bin without any additional cost to the customer whose trash fee account is in good standing, upon notice from such customer and as schedule allows.

Owner's Signature: ▶		Date Signed: ▶	
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CITY OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> Police report received.	Date of report: ▶		Comments (reason for denial) ▼
<input type="checkbox"/> Record(s) adjusted.	Date adjusted: ▶	Initials: ▶	
<input type="checkbox"/> Bin(s) delivered.	Field date: ▶	Initials: ▶	
No. of bins delivered: ▶			
Bin Serial Numbers: ▶			
<input type="checkbox"/> Receipt Issued.	Receipt No: ▶		