



TOWN OF MINDEN
Trash Container Delivery/Pickup

Property Owner's Name: _____

CUSTOMER NAME: _____
(If different than property owner)

Address: _____, Minden, NV

REQUESTED DATE OF CONTAINER DELIVERY: _____

CONTAINER SIZE:

Green Waste # _____

65 gal # _____

105 gal # _____

Dumpster # _____

DATE: DELIVERED: _____ PICKED UP: _____ BY: _____

COMMENTS: _____

TO BE FILLED OUT BY OFFICE PERSONNEL ONLY:		
DATE OF REQUEST:	_____	
PHONE NUMBER:	_____	
Account No.:	C.F.:	Computer: _____
TOTAL CANS:	_____	