



**Vernon R. Marino**  
Mayor

# WOOLWICH TOWNSHIP

120 Village Green Drive  
Woolwich Township, New Jersey 08085  
Main: 856.467.2666 Fax: 856.467.3545

**Jane DiBella**  
Administrator

## APPLICATION AND AGREEMENT FOR ADDITIONAL COLLECTION CART

In accordance with Chapter 155 of the Woolwich Township Code entitled "Solid Waste", the undersigned agrees to lease from the Township an additional collection container or containers as described below per calendar year and agrees to the lease fees described herein.

Unless the undersigned contacts the Township of Woolwich to have the additional container(s) removed, the Lease Agreement shall renew for the ensuing calendar year upon payment of the annual lease fee which is due between January 1 and 31 annually. If the lessee fails to remit payment during that time frame, the Township will have the additional cart(s) removed from the property.

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Cart(s) Requested:

Solid Waste Cart(s) \$95.00 Annually Per Cart    Number Requested: \_\_\_\_\_

Vegetative Cart(s) \$40.00 Annually Per Cart                      Number Requested: \_\_\_\_\_

### AGREEMENT

I, \_\_\_\_\_ residing at \_\_\_\_\_  
in the Township of Woolwich agree to lease the containers described above and agree to the lease fee as further described.

I understand that the cart(s) are owned by the Township of Woolwich, and that I am responsible for any damages to said cart(s) at the discretion of the Woolwich Township Director of Municipal Services.

I understand that this lease and the fee attached are on an annual basis and that there is no allowance for refund if I relocate or wish to return the leased cart at any time during the calendar year.

I further understand that the lease renewal and fee are due to the township annually between January 1 and January 31, and that if unpaid, the Township will arrange to have the leased cart(s) removed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Township Use Only:**

**Serial Number of Cart(s) Leased:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fee Paid:**

**Cash:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Title:** \_\_\_\_\_