



Director Keith Ferrugia, CPWM
Department of Public Works
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**Garbage Can
Repair/ Replace**

Name: _____

Date: _____

Address: _____

Repair: _____

Phone number: _____

Replace: _____

Signature: _____

Order (1) additional: _____

Size: (please circle one) **96** gal or **32** gal
EMAIL COMPLETED FORMS TO
DPW@EATONTOWNNJ.COM

ALL INFORMATION MUST BE FILLED OUT TO BE PROCESSED

* It will be up to the discretion of Eatontown Public Works employees if the garbage can, will be repaired prior to replacement**

DPW Employees Only:

Date: _____

Old serial #: _____

Name: _____

Signature: _____

Repair: _____

Replacement: _____

New serial #: _____