



City of Torrance, Public Works Department
Automated Container Request

Resident's Name _____

Address _____

Telephone: Home _____ Work _____

Date _____ Number of Containers Requested _____

Per my request for additional automated container(s), I agree to the following conditions:

- In addition to my regular refuse bill, for each additional container, I will be charged an additional 75% of the base fee (base fee is the cost of the first refuse container). I must keep the additional container(s) for a minimum of six (6) months.
- My refuse account will be charged a one-time fee of \$10 for the delivery of the container.
- I understand that it is my responsibility to contact the Public Works Department at 310-781-6900 to request the pickup of the container anytime after the six-month minimum period.

Signature of

Resident/Requestor _____

Return form to: Torrance Public Works Department
20500 Madrona Avenue
Torrance, CA 90503

You can also fax this form to 1-310-781-6902.

Please Note: Only signed forms will be processed. Keep a copy of this form for your records.

Thank you for your cooperation.