



DEPARTMENT OF PUBLIC WORKS

CITY OF SYRACUSE, MAYOR BEN WALSH

Second Trash Cart Application Instructions

Overview: This application is necessary to request an additional trash cart for any property owner receiving sanitation services from the City of Syracuse.

Application Contents:

- Application Checklist
- Submittal Instructions
- Application Review Process

Application Checklist:

- Completed Second Trash Cart Application (Page 2). Per the City Ordinance, the request must be signed by the property owner. The application must be signed in the presence of a notary public.
- Non-refundable \$75 Application Fee. Check or Money Order payable to Commissioner of Finance.

Submittal Instructions:

1. Application must be completed in its entirety. Incomplete applications will not be processed.
2. Application must be completed by the property owner of the residence.
3. Application, fees, and additional documents must be submitted either by mail or in person at the City Payment Center.

City of Syracuse, City Payment Center

City Hall

233 East Washington Street,

Syracuse, NY 13202

315-448-8310 | citypayments@syr.gov

Application Review Process:

1. **Application is Submitted:** Completed application, fees, and additional documents submitted to the City Payment Center for review.
2. **Application is Reviewed:** Upon review and processing of the application by the City Payment Center, the Department of Public Works will deliver a second cart to the property within three weeks of receiving the application. Please note that processing times may vary depending on availability of staff and cart stock.



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Second Trash Cart Application

Property Owner Information:

Owner Name: _____

Owner Address: _____

Owner Phone: _____ Owner Email: _____

Property Address: _____

***If different than owner address*

The undersigned _____ does hereby apply to the Public Works Commissioner of the City of Syracuse, State of New York, for a Second Trash Cart pursuant to the Revised General Ordinances of the City of Syracuse.

Section below to be completed in the presence of Notary Public:

Applicant Signature _____ Date: _____

Duly sworn to before me on this ____ Day of _____, 20____,

by _____.

Applicant Name

SEAL/STAMP

Notary Public Print Name

Notary Public Signature