

James Island Public Service District
Additional Roll Cart Request Form

Name: _____

Service Address: _____

Phone #: _____

Requested Size: 96 gallon ____ \$55

64 gallon ____ \$45

32 gallon ____ \$37

Mail to: JIPSD - Accounting
PO Box 12140
Charleston, SC 29422

Amount Enclosed: _____

JIPSD Accounting

Date Payment Received: _____

Amount: _____

By: _____

Solid Waste Services Department

Cart Delivery Date: _____

By: _____

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