



**Town of Strasburg  
Extra Refuse Cart Lease Form**

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

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

Service Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Utility Account No: \_\_\_\_\_

Residence: \_\_\_\_\_ Rent \_\_\_\_\_ Own

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

Enter the Number of Extra Carts to Rent (\$1.11/month each):

\_\_\_\_\_ 96-Gallon Refuse Cart

This form may be returned to the Town Office at 174 East King Street or signed and emailed to [dstroop@strasburgva.com](mailto:dstroop@strasburgva.com)

I certify that I am requesting that this lease be executed with the Town of Strasburg and agree to pay the lease rate established by the Strasburg Town Council for the above cart(s) I have requested. I understand that I may start and stop the lease as necessary and that the Town does not prorate fees if the ending of the lease results in less than one month of service with the cart(s). I understand that if the lease is terminated or if I move from the above residence, I will leave the container for the next resident or contact the town to schedule collection of the leased container.

\_\_\_\_\_  
Resident or Landlord Signature

\_\_\_\_\_  
Date