



CITY OF FALL RIVER
DEPARTMENT OF COMMUNITY MAINTENANCE
 (508)324-2760 OR (508)324-2584

BULKY ITEM DISPOSAL PROGRAM
Mail Order Payment Form
 Residential Only

Name: _____ Address: _____

Phone Number: _____ Best Time to Call: _____

Price: 1-3 items \$12.00 unless otherwise noted.

Furniture	Appliances	Lawn/Garden/Toys	Miscellaneous
QTY	QTY	QTY	QTY
Chair _____	Dishwasher _____	Bicycle _____	Carpeting (9'x12' rolled, folded & tied; larger, cut down to above) Wood Bundles
Table _____	Dryer _____	(remove tires)	
Hutch _____	Washer _____	Lawnmower _____	
Loveseat _____	Hot Water Tank _____	(remove tires, oil, and gas)	
Recliner _____	Cooking Stove _____	Pool _____	Boxspring \$20.00 each Mattress \$20.00 each
Sofa _____	Heating Stove _____	(frame/liner	
Sofa bed _____	Sink _____) Pool _____	Microwave \$8.00 each Air Conditioner \$13.00 each Refrigerator/Freezer \$13.00 each Computer Monitor \$10.00 each TV up to 27" \$10.00 each TV over 27" \$15.00 each TV Console Model \$20.00 each
Bureau _____	Toilet _____	(Filter/Pump) _____	
Dresser _____	Tub _____	Swing Set _____	
Desk _____	Vanity _____	(all piping to be cut down	
Futon _____	Other _____	no longer than 6' no concrete)	
		Other _____	

TOTAL # of \$12.00 items: _____ Total # of other items: _____

Total amount for this pickup: _____

Enclose check or money order payable to: CITY OF FALL RIVER

Mail to: Department of Community Maintenance Complex
 SANITATION DIVISION
 Attention: Kenneth Medeiros
 10 Lewiston Street
 Fall River, MA 02721

Upon receipt of payment DCM will contact you to schedule a day for pickup.

REMINDER: Only items scheduled on this form will be collected.

OFFICE USE ONLY:
 Date Received: _____
 Processed By: _____
 Date Scheduled: _____
 Receipt/Sticker #: _____