

APPLICATION FOR BEAR-RESISTANT ROLL CART

CUSTOMER INFORMATION

(Please Print Legibly)

Applicant Name	
Address Where Cart Will Be Located (Number and Street)	
Mailing Address If Different From Above (Number and Street)	
City, Zip Code	
Home Phone Number	
Cell Phone Number	
Email Address	
I, the undersigned, agree that Orange C replacement or repair, of bear-resistant re	County does not provide any warranty, or guarantee of oll carts.
I agree to use the roll cart in accordance realize that it is bear resistant, but not gu	with applicable county ordinances and regulations, and arranteed to be bear proof.
I agree that any personal injury or dama responsibility of Orange County.	age to property due to the use of the roll cart is not the
agree that the roll cart has been assi	y and licensed for use at the address provided above. I gned to the address above and must remain at that residence. I understand that the fee I have paid for the
BY SIGNING THIS APPLICATION, I ACCEPT SOLE RESPONSIBILITY FOR THE USE OF THE BEAR-RESISTANT ROLL CART.	
Signature:	Date:
Management Area on a first-come, first and based on grant funding. Upon reinvoice for \$50.00 will be generated and	ed to Orange County Utilities customers in the Bear served basis with full payment. Supplies are limited ecceipt and approval of this completed application, an mailed to the address provided above. You will have 30 ment is received, you will be contacted to schedule the
MAIL COMPLETED APPLICATION TO:	Bear-Resistant Roll Cart Program Orange County Utilities Solid Waste Division 5901 Young Pine Road, Orlando, FL 32829
FOR ORANGE COUNTY USE ONLY	
Received by:	Date: