Thank you for your interest in Louisville Metro’s Curbside Recycling Program within the Urban Services District (formerly the City of Louisville.) Use this form by checking the appropriate box and completing it in its entirety.

CHECK ONE:  
☐ GARBAGE CART  (Black Cart, Black Lid)  
☐ RECYCLING CART  (Black Cart, Orange Lid)

95 or 65 Gallon Cart

_____ I want to purchase a 95 gallon cart ($50)
_____ I want to purchase a 65 gallon cart ($45)
_____ I want to replace my stolen 95 or 65 (circle one) gallon cart. (Only one will be replaced per calendar year at no charge.)
_____ I currently have a damaged 95 or 65 (circle one) gallon cart that needs to be repaired or replaced.
   _____ Lid is broken at the hinge       _____ Wheels are broken
   _____ Burned                          _____ Body is split
   ________ please write the serial number of the damaged cart (white letters on side)
_____ I want to purchase an orange lid to make my extra garbage cart a recycling cart ($15).

18 Gallon Recycling Bin
 (Orange-No Lid)

_____ I am a homeowner and want to order my first recycling bin (no charge.)
_____ I want to replace my stolen bin. (Only one will be replaced per calendar year at no charge.)
_____ I currently have a damaged recycling bin that needs to be replaced (no charge).
_____ I am a tenant and want to purchase a recycling bin at a cost of $10.00.
_____ I wish to purchase an additional recycling bin at a cost of $10.00.

Please send completed form with check or money order (no cash) made payable to Louisville Metro if applicable and forward to:

Louisville Metro Solid Waste Management  
Attn: Collection Division  
600 Meriwether Avenue  
Louisville, KY 40217-1146

**********ONLINE PAYMENT IS NOW AVAILABLE AT**********

www.louisvilleky.gov/government/public-works/trash-recycling

If no payment is required, you may fax this form to the Louisville Metro Solid Waste Management-Recycling Division at 574.4155. Delivery of your cart or bin will be within four weeks after receipt of this form along with payment (if applicable.).

NOTE: No businesses, apartment complexes, or residential buildings with more than eight units are eligible for this program.

Name: ___________________________ Date: ________

Delivery Address: ____________________________
Louisville, Kentucky ________ (zip code) Daytime Contact Number: ____________________

If you have any questions, please call Louisville Metro Solid Waste at 574-3571.