

TOWNSHIP OF DELANCO

PUBLIC WORKS DEPARTMENT

John Fenimore, Superintendent

461-6969

REQUEST FOR TIRE PICKUP

DATE: _____

REQUESTED BY: _____ PHONE # _____ UnListed _____
Listed _____

ADDRESS: _____

FEE MUST BE PAID PRIOR TO THE PICKUP DATE

NO. OF TIRES UP TO 15 INCHES WITHOUT RIMS @ \$2.00 EACH _____

NO. OF TIRES 16 TO 19 INCHES WITHOUT RIMS @ \$5.00 EACH _____

NO. OF TIRES OVER 20 INCHES WITHOUT RIMS @ \$10.00 EACH _____

NO. OF TIRE RIMS @ \$1.00 EACH *ADDITIONAL TO TIRE FEE* _____

AMOUNT: _____ DATE PAID: _____

CASH _____ CHECK _____ ORDER RECEIVED BY MAIL _____

Pick up time will be between 7:00 AM and 3:30 PM Monday through Friday. All pick ups will be at the discretion of the driver and if we are unable to make the pick up your money will be refunded.

SIGNATURE: _____ DATE: _____