



TIRE DISPOSAL REQUEST FORM

Must be a Village/Town Resident

Name: _____

Street Address: _____

Mailing Address: _____
(If different than street)

Phone Number: _____
(Public Works will call the number provided to schedule pick up) .

E-Mail Address: _____

Address/Location for
tire pick-up: _____
(Address must be in the Village/Town of Somers)

Special Directions: _____

RIMS MUST BE REMOVED

Tire Type	Number of Tires		Unit Price		Total
Automobile		X	\$5.00		
Light Truck		X	\$5.00		
			Total Due		

Office Use Only

Recpt. Code PWC _____ Method of Payment _____
Cash: _____ Check #: _____

Public Works	Phone Number	Date Called	Pick Up Date