



City of Minneapolis
Solid Waste and Recycling Division
Request for Special Clean Up

I am requesting and giving permission to the Solid Waste & Recycling Division to clean and pick up debris around my Solid Waste Collection Point.

I have read and understand the following:

- The fee for this clean up is: \$181.00 per hour with a minimum charge of \$100.00
- The fee will be added to my Minneapolis Utility Bill.
- Debris must be contained and be at the alley or curb line by 6:00 a.m. the **business day before** the requested date of the cleanup to allow for field approval.
- Debris must be at the alley or curb line by 6:00 a.m. on the requested date of cleanup for collection by City crews.
- City crews will not collect debris from inside my home or garage.
- I cannot help the City crews clean up my Solid Waste & Recycling Collection Point.
- I have enclosed a copy of the Utility bill payers **Driver's License or State issued ID** for the sole purpose of verifying that I am the current utility bill payer at the service address. I understand my request for clean-up will not be approved without this verification.
- I will call Solid Waste and Recycling at 612-673-2917 to confirm that the Special Clean-Up Request has been received and approved. Office hours are Monday – Friday, 8:00 a.m. – 4:00 p.m.

Please Print Clearly

Service Address of the clean up		
Requested Date of the clean up		
Name of the Utility Bill payer		
Address of the Utility Bill payer		
City, State, Zip code of the Utility Bill payer		
Daytime Phone number of the Utility Bill payer		
I hereby give permission by completing this form and submitting a copy of the utility bill payers current Driver's License or State issued ID.		
Signature of Utility Bill Payer	<i>no electronic signatures</i>	Date

Please **Email or Mail** the Request for Special Clean Up Form and Required Verification to:

Email: SWRcustomer@minneapolismn.gov

Mail: Division of Solid Waste & Recycling
2635 University Avenue NE
Minneapolis, MN 55418

Questions? Call Solid Waste & Recycling at **612-673-2917**.

OFFICE USE ONLY: Photo identification reviewed to validate signature.

Approved: _____ Denied: _____ Date: _____ By: _____