

APPLICATION FOR GARBAGE SERVICE ONLY

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DATE: _____

NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE #: _____

DRIVERS LICENSE #: _____

GARBAGE & RECYCLING ROUTES START AT 7:00 A.M.

GARBAGE CANS SHALL NOT BE MORE THAN 30 GALLON

NO PAINT OR LIQUIDS ARE ALLOWED IN HOUSEHOLD GARBAGE

SIGNATURE

DATE

**IF THIS IS RENTAL PROPERTY YOU MUST LIST NAME AND ADDRESS OF THE
PROPERTY OWNER.**

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OFFICE USE ONLY

ACCOUNT #: _____ DATE RECEIVED: _____

BILLING CLERK: _____