

**APPLICATION FOR GARBAGE SERVICE ONLY**

.....

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.**

\_\_\_\_\_

.....

**OFFICE USE ONLY**

ACCOUNT #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

BILLING CLERK: \_\_\_\_\_