

**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:** \_\_\_\_\_