



SOLID WASTE APPLICATION

Residential Commercial

PLEASE PRINT

Date of Application: _____ Applicant Name: _____

Service Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Check All That Apply

Own Property () Rent Property () Own Home () Rent Home ()

Purchase Date: _____

Landlord / Property Owner Name: _____

(Person who owns the home or the land on which your mobile home is located)

Landlord / Property Owner Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Alternate Phone:** _____

Number of Dumpsters Needed: _____ Number of pick-ups per week: _____

Number of Cans Needed: _____ Number of pick-ups per week: _____

I have received and been given an explanation of a copy of the Solid Waste Ordinance.

Applicant's Signature: _____

Do not write below – for office use only

-
- () New Owner
 - () Name Change
 - () Change of Address
 - () Other: _____
 - () Moved
 - () Sold Property
 - () Closed Account – received disconnect notice

Monthly Refuse Charge: \$ _____

Account Number: _____

Parcel Number: _____