Customer's Request for Garbage Service

DATE:_____

UTILITY ACCT #:_____

CUSTOMER'S NAME:_____

ADDRESS:_____

TELEPHONE #:_____

I would like to request a:

Check All that Apply:

RESIDENTIAL: ☐ **CART(waste wheeler)** ☐ **ADDITIONAL CART(waste wheeler)**

COMMERCIAL: CAN SIZE: ☐ **96GAL** ☐ **2YD** ☐ **3YD** ☐ **4YD** ☐ **6YD** ☐ **8YD**

NUMBER OF PICK UPS PER WEEK: **1** ☐ **2** ☐

TERMINATE GARBAGE SERVICE: ☐ **DATE:**_____

_____

CUSTOMER'S SIGNATURE

Office use only

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ACCEPTED BY: _____

NOTE: _____

_____

REQUEST RECEIVED BY CITY VIA:

☐ **E-MAIL DATE:**_____ ☐ **FAX DATE:**_____