



APPLICATION FOR SANITATION SERVICE

Applicant's Full Name: _____ Date: _____

Service Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Primary Phone Number: _____ Alternate Phone Number: _____

Have you ever had service with us? Yes: No: If so, under what name? _____

Driver's License/State ID# _____ Date of Birth: _____

Email Address: _____

Employer: _____

Do you own this property? Yes: No:

If renting, Name of Landlord: _____ Landlord's Phone Number: _____

Married? Yes: No:

Spouses Name: _____ Spouses Phone Number: _____

Spouses Employer: _____

Other Occupants (over age of 18): _____

Whose name are the electrical utilities in? _____

I certify that I am the proposed occupant and that the answers given here are true and accurate in all respects to the best of my knowledge. I understand I will be responsible for Sanitation Fees. Failure to pay for services may result in suspension of services and the Sanitation Department coming onto my property to pick up their garbage can.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

ACCOUNT NUMBER: _____

BILLING MONTH/QUARTER: _____

AMOUNT PAID: _____ CASH: CC: CHECK: CK#: _____

CAN AT PROPERTY? Yes: No: CAN NUMBER: _____

TOOK CAN? Yes: No: CAN NUMBER: _____

WORK ORDER CREATED? Yes: No: N/A: WORK ORDER NUMBER: _____

ENTERED BY: _____ DATE: _____