

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:
NUMBER OF PICK UPS PER WEEK: 1 2
TERMINATE GARBAGE SERVICE: DATE:
CUSTOMER'S SIGNATURE
Office use only ***********************************
NOTE:
REQUEST RECEIVED BY CITY VIA:
E-MAIL DATE: FAX DATE: