

REQUEST FOR TRASH SERVICE



General form to request the use of trash stickers or billed monthly fee

A. Statement of Ownership and Interest.

1. Applicant Name: _____.
2. Account Number: _____.
3. Service Address: _____.
4. Billing Address: _____.
5. The applicant(s) acquired the above-described property on _____ [date].
6. Telephone Number is _____.
7. Number of tenants _____.

B. Request.

The _____ [applicant requests or applicant's request] the following:

1. trash stickers
2. monthly billing

Dated: _____

[Signature(s) of applicant(s)]

Please note: 1. Any changes to the above request are allowed once every 12 months.

2. It is your responsibility to notify your tenants of how the trash is being collected and whether they need stickers or not.

For Office Use Only:

Entered _____

[Signature of Billing Clerk}

CC: Mayor's Office, Board of Public Works and Safety, Utility Office and Street Department