COMMERCIAL GARBAGE APPLICATION

ALL GARBAGE SERVICES ARE THE RESPONSIBILITY OF THE PROPERTY OWNER AND CAN ONLY BE ALTERED BY THE OWNER OR AUTHORIZED AGENT

PROPERTY OWNER INFORMATION ONLY

Name: _____

Service Address: _____

Mailing Address: _____

Phone number: ( ) - Secondary: ( ) -

Driver License: _____ Date of birth: / /

E-mail address: _____ Electronic bill? Yes ☐ No ☐

COMMERICAL SANITATION

Effective date: _____ New Account? Yes or No (circle one)

Indicate the number of services (ex: 1 4 yd dumpster = 1, 2 4 yd dumpsters = 2, etc.)

- ☐ SMALL COMMERCIAL
- ☐ SMALL COMMERCIAL X2 PER WK
- ☐ SMALL COMMERCIAL X3 PER WK
- ☐ 4 YD X1 PER WEEK
- ☐ 4 YD X2 PER WEEK

☐ 6 YD X1 PER WK	☐ 8 YD X1 PER WK
☐ 6 YD X2 PER WK	☐ 8 YD X2 PER WK
☐ 6 YD X3 PER WK	☐ 8 YD X3 PER WK
☐ 6 YD X4 PER WK	☐ 8 YD X4 PER WK
☐ 6 YD X5 PER WK	☐ 8 YD X5 PER WK
☐ 6 YD X6 PER WK	☐ 8 YD X6 PER WK
☐ 6YD X7 PER WK	☐ 8 YD X7 PER WK

FOR OFFICE USE ONLY

Taken by: _____ Date: _____