

Sanitation Service Application

******FOR OFFICE USE ONLY******

PAYMENT					
SRVC	\$	ACCT #		ADJ	
DEP	\$	BOOK #		W/O	
DEL	\$	CONT #		IN / OUT	
REIN	\$	CONT #			
OLD	\$	CONT #			
TOTAL	\$				

Name _____
(last) (first) (middle)

Driver's License No. _____ Date of Birth ____/____/____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email address: _____

Service Address _____
(street address)

Mailing Address _____
(if different than above) (street address) (city) (state) (zip)

Spouse's Name _____
(last) (first) (middle)

Driver's License No. _____ Date of Birth ____/____/____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

ADDITIONAL CONTACT INFORMATION

Friend/Relative Not Living with You _____ Phone (____) _____

Landlord's Name _____ Phone (____) _____
(if applicable)

I hereby accept responsibility for ____ container(s) to be used for sanitation pickup only. I agree to be responsible for any damage to the container(s) resulting from personal misuse or negligence. I also understand that I am liable for any past due balance that I incurred. Such balance plus any applicable fees will be due before this service is activated.

SIGNATURE _____ DATE _____

By my signature below, I request that the information contained herein be considered confidential.

SIGNATURE _____