

Commercial Service Initiation Form

Accountholder Name _____

Federal Tax ID _____ *Business Accountholder* **or Social Security #** _____ *Individual Accountholder*

Driver's License Number / State of Issue _____ / _____
Individual Accountholder or Authorized Representative (Business Accounts)

Phone _____ **Accountholder is:** Owner _____ Renter _____

Service Address _____ **Start Date** _____

SOLID WASTE

Roll Trash Out Carts

_____ Minimum 2 x 95-gallon

_____ Additional 95-gallon

Commercial Trash Container(s)

Size: _____ yd Qty _____ Emptied: _____ /week

Size: _____ yd Qty _____ Emptied: _____ /week

Size: _____ yd Qty _____ Emptied: _____ /week

Recycling Services

Cardboard Size: _____ yd Qty _____ Emptied: _____ /week

Office Paper Recycling Size: _____ gal Qty _____ Emptied: _____ /week

Approved by: _____ *Solid Waste Supervisor* _____ *Date*

Notes: _____

BILLING

Billing Address _____
Street/PO Box *City, State, Zip*

Email Address: _____ @ _____

DEPOSIT \$ _____

*Utility service (water, sewer, solid waste, storm water) is requested for the service address entered above.
I authorize the initiation of these services and accept responsibility for charges incurred.*

I understand that the solid waste service level requested on this form **must be approved by City staff prior to implementation.** If approved, it will remain in effect until a **Commercial Solid Waste Service Change Request Form** is submitted and approved.

Accountholder / Account Representative Signature

_____/_____/_____
Date

FOR OFFICE USE ONLY

1. _____
Request received by (CSR)

Date

Billing Cycle/Book

2. _____
Reviewed by (SW Supervisor)

DAYS OF SERVICE (circle all that apply)

Trash: M T W H F S

OCC: M T W H F S

OP: M T W H F S

3. _____
Account updated by (CSR)

Customer – Account Number

4. _____
Completed by (SW Supervisor)

Date of Completion

Comments _____

