

ADDITIONAL TRASH CAN REQUEST FORM

Acct # _____

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

DATE SERVICE TO BE ADDED FOR PICK UP: _____

ADDRESS FOR BILL: _____

I currently have a trash can and request an additional can for garbage pickup at the above address.

Date

Signature

ADDITIONAL TRASH CAN REMOVAL REQUEST FORM

Acct # _____

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____

DATE SERVICE TO BE TAKEN OFF BILLING: _____

ADDRESS FOR BILL: _____

I currently have an EXTRA trash can and request additional can be removed from my address.

Date

Signature