

APPLICATION FOR WASTE COLLECTION SERVICES

Date: _____ Garbage/Yard Waste/Recycling: _____ Yard Waste Only: _____

- Application for:
- Small Commercial Business or Church, # of Units* _____ (\$178.81 per unit, billed annually.)
 - Multifamily Property, # of Units* _____ (5-10 dwelling units total per parcel, \$178.81 per unit, billed annually.)
 - Multifamily Property, # of Units* _____ (11-15 dwelling units total per parcel, \$178.81 per unit, billed annually. Requires approval by the Solid Waste Division - Urban Core only.)
 - Downtown Business, # of Cans _____ (\$46.70 per can, per month, billed quarterly)
 - Yard Waste Only (\$45.40, billed annually.)

* Property record information obtained from the Property Appraiser’s Office is used to verify the total number of units.

Business/Church Name:

Billing Address (Invoices will be mailed to the address noted below. Please notify us immediately, in writing, of any billing changes to update your account, PWAdmin@coj.net):

Contact Person: _____ Title: _____

Email Address: _____

Pickup Location Address:

Real Estate Number _____
(XXXXXXX – XXXX)

Telephone Number: (____) _____ Fax Number: (____) _____

FEDERAL ID# or SS# (REQUIRED) _____

PLEASE READ INFORMATION SHEET BEFORE SIGNING

By signature, I submit this application for curbside collection service provided by the waste hauler assigned to this area. I understand that services may be terminated for failure to pay within thirty (30) days of the date of the invoice but fees may accrue and I will be responsible for payment of all fees including all costs incurred by the Department of Public Works (DPW) i.e. attorney’s fees, collection agency fees, etc. unless I notify DPW in writing to cancel services. **The prorated amount of paid fees or refund will be for all FULL months remaining after the date the Department of Public Works receives the cancellation notice.**

Authorized Signature _____ Date

FOR OFFICE USE ONLY

Hauler: _____ Control # _____ Customer Number: _____