

Commercial Garbage Service Application

Applicant Information: Name: _____

Service Address: _____

Mailing Address: _____

Requested Service Date: _____

SSN: _____

DOB: _____

DL# or ID#: _____ DL State or ID Type

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Choosing one of the following below:

	1X WEEK	2X WEEK	3X WEEK
4YD	70.00	140.00	210.00
6YD	104.00	208.00	312.00
8YD	139.00	278.00	417.00

I understand the City of Tennille will search for any outstanding account balances in my name and/or the name of all members of my household. I understand by signing this application that I am agreeing to payment of any outstanding account balances identified through either a one (1) time payment before service starts or through the transfer of not less than \$25.00 per outstanding account per month.

Signature: _____

Date: _____

Received by: _____

Date: _____