



## APPLICATION FOR NEW COMMERCIAL SERVICE

*Two forms of identification are required at least one must be a photo ID*

New Service Start Date Requested \_\_\_\_\_ Move in Date \_\_\_\_\_

Name of Business \_\_\_\_\_

Service Address \_\_\_\_\_

Billing Address, if different \_\_\_\_\_

\_\_\_\_\_ Tax I.D. # \_\_\_\_\_

Owner Legal Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Owner Home Phone \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Partner Name \_\_\_\_\_ Phone \_\_\_\_\_ SS# \_\_\_\_\_

Manager Name \_\_\_\_\_ Their Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

*This question for Multi-Unit Living Facilities Only: Do you want a \$3.65 per living unit per month ambulance membership added to your monthly bill? Yes \_\_\_\_\_ No \_\_\_\_\_*

### SANITATION REQUIREMENTS

Trash Container Size \_\_\_\_\_ # of Containers \_\_\_\_\_ Pickup Days \_\_\_\_\_

X Per Week	95 Gal Cart		2 Yard		4 Yard		6 Yard		8 Yard	
	1 <sup>st</sup> Cart	Each Add'l	1 <sup>st</sup> Dumpster	Each Add'l	1 <sup>st</sup> Dumpster	Each Add'l	1 <sup>st</sup> Dumpster	Each Add'l	1 <sup>st</sup> Dumpster	Each Add'l
1	\$20.47	\$17.40	\$48.38	\$43.19	\$75.54	\$61.00	\$97.59	\$81.40	\$131.58	\$109.76
2	\$25.99	\$20.81	\$66.02	\$50.01	\$111.36	\$102.24	\$159.45	\$138.97	\$208.16	\$181.42
3	\$31.65	\$23.74	\$83.45	\$57.15	\$145.49	\$115.12	\$201.65	\$161.30	\$255.18	\$204.13
4	\$40.06	\$28.04	\$105.18	\$65.65	\$177.55	\$135.96	\$243.56	\$183.70	\$307.63	\$232.34
5	\$50.40	\$33.40	\$126.12	\$73.18	\$206.50	\$154.44	\$280.86	\$200.63	\$355.50	\$253.95
6	\$65.01	\$39.01	\$162.34	\$87.91	\$259.30	\$192.43	\$352.50	\$241.98	\$446.30	\$306.40

I understand that a connection fee will be added to my first monthly bill. I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for all additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:

Deposit Paid \$ \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Account # \_\_\_\_\_