

# CITY OF WEST ORANGE

## APPLICATION FOR SECOND/ADDITIONAL CART SERVICE

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

DL #: \_\_\_\_\_ (Provide copy) State DL issued: \_\_\_\_\_

Spouse or other occupant name: \_\_\_\_\_

Home Tel # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Street Address for Service: \_\_\_\_\_, West Orange, TX, 77630

Billing Address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Location of employment: \_\_\_\_\_ Work tel #: \_\_\_\_\_

Number of **additional** carts requested: \_\_\_\_\_

<b>RESIDENTIAL</b>	
<b>Regular Service</b>	<b>Additional Cart(s) each</b>
\$18.59	\$13.50
\$ 1.41	\$ 0.80
<b>\$20.00</b>	<b>\$14.30</b>

Rates/Fees  
Tax  
**TOTAL**

<b>Commercial</b>	
<b>Regular Service</b>	<b>Additional Cart(s) each</b>
\$37.11	\$24.50
\$ 2.89	\$ 1.60
<b>\$40.00</b>	<b>\$26.10</b>

The rates listed are the rates in effect at the time of starting service. Rates/fees and taxes are subject to change. **WE DO NOT PRO-RATE MONTHLY CHARGES.** All requirements of the regular sanitation service apply to 2<sup>nd</sup>/additional cart services.

If you are interested in having your monthly bill automatically drafted from your bank account, please call City Hall to make arrangements (409) 883-3468.

\_\_\_\_\_ I do not want my home address, telephone number, driver's license number, amounts billed or collected, or other information provided on this application made available to the public upon request.

\_\_\_\_\_ I understand that as the primary account holder I am responsible for the issued waste container(s) or I agree to pay an agreed value of \$80 for each container if it is not returned upon cancellation of service or upon the demand of a City Employee. I further understand that at such time I need to discontinue service (whether moving to another residence in West Orange or outside the city) I must complete and sign a form terminating service at this address. Otherwise, my account will continue to be billed on a monthly basis and I will be responsible for the balance.

\_\_\_\_\_  
Agreement and Accepted by Applicant

\_\_\_\_\_  
City Employee Witness

\_\_\_\_\_  
Stop Date of Additional Cart(s)

\_\_\_\_\_  
Authorized Signature to Pick up Additional Cart(s)