CITY OF WEST ORANGE, TEXAS

Application for Solid Waste Pickup Services

Date of application:

Property Own	ner's Name:		
Property Own	ner's Mailing Address:		
Driver's License #		DL State:	
Home telephone #		Other #	
	Spouse or other occupant's name:		
Street addres	ss for <u>service</u> :		
	Is this residence a rental?	Yes	No
Mailing address for billing (if different from above):			
Email addres	SS:		
Place of Emp	oloyment:		
Location of E	imployment:	V	Work telephone #
The monthly residential service rate is \$20.00 and can be paid monthly, quarterly (\$60.00), semi-annually (\$114.30) or annually (\$217.20). (Please note that those paying six months in advance receive a 5% discount off of the <u>base</u> rate, while those paying for twelve months receive a 10% discount off of the <u>base</u> rate.) Service rates are not prorated. Payment is due by the 1 st day of each month. A \$5.50 penalty is added if not paid in full by 5:00 P.M. on the 15 th of the month.			
	terested in having your monthly bil City Hall @ 883-3468.	II automa	atically drafted from your bank account
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, and that I agree to pay an agreed value of \$80 for the container if it is not returned upon cancellation o service or upon demand of a City Employee.			
I understand that at such time that I need to discontinue service (whether moving to another residence in West Orange or outside the city) I must complete and sign a form stating such. Otherwise, my account will continue to be billed on a monthly basis and I will be responsible for the balance.			
		A	Agreement & Acceptance by Applicant

<u>NOTE:</u> A COPY OF YOUR PHOTO IDENTIFICATION MUST BE ON FILE AT CITY HALL IN ORDER TO FINALIZE THIS TRANSACTION. YOU MAY DELIVER IT IN PERSON, MAIL IT, FAX IT (409-882-0652) OR EMAIL IT (<u>sanitation@cityofwestorange.com</u>).

City Employee Witness