

# 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: \_\_\_\_\_

| RESIDENTIAL     |                         |
|-----------------|-------------------------|
| Regular Service | Additional Cart(s) each |
| \$18.59         | \$11.00                 |
| \$ 1.41         | \$ 0.80                 |
| \$20.00         | \$11.80                 |

Rates/Fees  
Tax  
TOTAL

| Commercial      |                         |
|-----------------|-------------------------|
| Regular Service | Additional Cart(s) each |
| \$37.11         | \$21.00                 |
| \$ 2.89         | \$ 1.60                 |
| \$40.00         | \$22.60                 |

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). 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 (and leave container(s) at curbside for pickup by contractor). 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)