

CITY OF WEST ORANGE, TEXAS

Application for Solid Waste Pickup Services

Date of application: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Driver's License # _____ DL State: _____

Home telephone # _____ Other # _____

Spouse or other occupant's name: _____

Street address for service: _____

Is this residence a rental? ___ Yes ___ No

Mailing address for billing (if different from above): _____

Email address: _____

Place of Employment: _____

Location of Employment: _____ 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 base rate, while those paying for twelve months receive a 10% discount off of the base rate.) Service rates are not prorated. Payment is due by the 1st day of each month. A \$5.50 penalty is added if not paid in full by 5:00 P.M. on the 15th of the month.

If you are interested in having your monthly bill automatically drafted from your bank account, please call City Hall @ 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 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.**

Agreement & Acceptance by Applicant

City Employee Witness

NOTE: 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 (sanitation@cityofwestorange.com).